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COMMISSION OF INQUIRY INTO THE
USE OF DRUGS AND BANNED PRACTICES
INTENDED TO INCREASE ATHLETIC PERFORMANCE

B E F O R E:

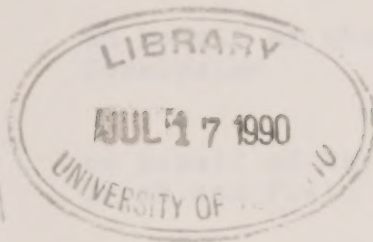
THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN

HEARING HELD AT 1235 BAY STREET,
2nd FLOOR, TORONTO, ONTARIO,
ON WEDNESDAY, MAY 3, 1989

VOLUME 45

COMMISSION OF INQUIRY INTO THE
USE OF DRUGS AND BANNED PRACTICES
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VOLUME 45

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(i)



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C O U N S E L:

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R. ARMSTRONG, Q.C.
Ms. K. CHOWN

on behalf of the
Commission

R. BOURQUE

on behalf of the Canadian
Track and Field Association

10

J. DePENCIER

on behalf of the Government
Of Canada

R. STEINECKE

on behalf of the College of
Physicians and Surgeons

R. McCREATH
D. MANN

on behalf of the Canadian
Olympic Association

15

R. McMURTRY, Q.C.
A. PRATT

on behalf of Charles
Francis

L. LIPKUS

on behalf of Ben Johnson

D. SOOKRAM

on behalf of Dr. M. G.
Astaphan

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---Upon resuming.

THE COMMISSIONER: Mr. Armstrong?

MR. ARMSTRONG: Yes, thank you, Mr.

5 Commissioner.

THE COMMISSIONER: I regret the delay but it was inevitable. I had to be elsewhere this morning for a while. All right.

MR. ARMSTRONG: Our next witness is Dr. Jack
10 Sussman.

THE COMMISSIONER: All right, thank you.
Doctor?

JACK SUSSMAN: Sworn
15

THE COMMISSIONER: Doctor. All right, thank you, gentlemen. Mr. Armstrong?

EXAMINATION BY MR. ARMSTRONG:

20 Q. Yes. Dr. Sussman, you are a graduate of the University of Toronto, Faculty of Medicine, receiving your MD degree in 1974?

A. That's correct.

Q. After your graduation from the
25 University of Toronto, you interned at Mt. Sinai Hospital

and at the same hospital you did two years of an internal medicine residency program?

A. Yes -- well, it was two years total.

Q. Two years total?

5 A. Yes.

Q. All right. So, one year internship and another year of internal medicine?

A. Right.

10 Q. And then you made the decision, I understand, that you liked all aspects of medicine, could not decide on a subspecialty so decided to go into family practice which you did in 1976 in the Keele Street area?

A. That's correct.

15 Q. You have been in family practice up in the north-west end of Metro in Keele Street area since that time?

A. Right.

20 Q. I understand, Dr. Sussman, that you have been the family physician for Ben Johnson since November 1979 right up to and after the Olympic Games in the fall of 1988?

A. That's correct.

25 Q. All right. And you've brought your medical chart with you of the attendances by Ben Johnson at your office?

A. Yes, I have it here.

Q. And did you -- I take it as a family practitioner from time-to-time, when Mr. Johnson would come to your office, you would have an opportunity to speak with him to find out what was on his mind, what was ailing him?

A. Yes.

Q. All right.

A. Yes.

Q. And in a general way, how would you describe Ben Johnson as an individual?

A. Well, he was very difficult to get to know. He had -- he had and still has a very significant communication problem. He stutters and has a great deal of difficulty finding appropriate words to express his thoughts. We -- he would often come in and it would take a few minutes to even find out what his ailment was. I was able to, you know, get him, you know, finally figure out what he was really there for.

Q. All right.

A. I think he was quite shy and reluctant to talk. I think that was it. I think he was embarrassed by his impediment.

Q. Now, Dr. Sussman, did you have occasion over the years, I assume as his family physician, to

examine him as a family physician would, by doing physicals from time-to-time?

A. Yes.

Q. And did you, over the years in the early middle '80's, make any observations and indeed record in your record the nature of his muscle development?

A. Yes. He was -- I think I first noted it in the chart, I think, in -- I think it was '82 but he was extremely muscular.

Q. Yes?

A. And very well built. Almost like a Charles Atlas.

Q. All right. And did you -- you of course knew, I assume, that he was a track and field athlete at that time?

A. Oh, yes, yes.

Q. And did you ever have any occasion to question him about the nature of his muscle development?

A. Yes, I was very impressed with his development and I asked him, you know, Ben, how did you get these tremendous muscles. It was really quite something. He explained to me that he was on a different type of training program that was different than other sprinters. He told me that it involved a significant

degree of weight training, not just for the legs but for the upper body and he told me that he would put in several hours a day, you know, lifting, you know, pumping iron and lifting weights.

5 He explained that this was -- the powerful legs and even the powerful chest and upper body was to -- was the reason why he had this explosive start. I think he was quite famous for that early on. The explanation seemed reasonable to me.

10 Q. All right. Now, we have already heard in evidence, during the course of the cross-examination of Mr. Francis, when he was testifying, that during the fall of 19 ---

15 THE COMMISSIONER: That was the cross-examination by Mr. Futerman, I think it was.

 MR. ARMSTRONG: By Futerman, yes. By Mr. Futerman, yes.

 MR. ARMSTRONG:

20 Q. That in the fall of 1987, you, as his family physician, apparently noted some breast enlargement, is that so?

 A. Yes, that's correct.

25 Q. And could you just, by reviewing your notes and only referring to that part of your notes which

relates to this particular situation, tell us when you first noted this and what it was indeed you did note?

A. Okay. He came in on October 13th, 1987 and he was complaining of tenderness in the left breast of three weeks duration. There was no history of injury.

Examination revealed that he had gynecomastia present in the left breast. What that is is an excessive amount of breast tissue. I asked -- should I just continue or do you want me to ---

Q. Yes? Yes, you were going to say you must have discussed something with him. What did he say, what did you say?

A. I asked him if he was taking any medications because there is certain medications that can cause gynecomastia. He told me that he wasn't and then I specifically asked him if he was taking any steroid drugs because -- and then I explained to him the reason why I was asking, because I was even a little embarrassed about asking him this, but I explained the reason why I was asking him was because these are -- the side effect is very commonly associated with steroid drugs.

So, I wanted to emphasize this to him. And he still, you know, said -- denied taking any steroid drugs at this time or any time. He said he wasn't taking any medications.

Q. All right?

A. Other than vitamins which he had been taking all along.

Q. And indeed, your chart shows a note on
5 October 13th, 1987 that says, "Not on any drugs"?

A. Yes.

Q. All right. Now ---

THE COMMISSIONER: You discussed steroids with him because that would be the side effect?

10 THE WITNESS: That was the thing that came to mind first, for me, and I made sure that, you know, I brought it up for that reason.

THE COMMISSIONER: So he would understand what you're talking about I'm sure?

15 THE WITNESS: I reviewed it with him at least three or four times.

THE COMMISSIONER: Right.

THE WITNESS: To make sure that he did understand, you know, that this could be a side effect of
20 steroid use.

MR. ARMSTRONG:

Q. And I take it you came to the conclusion that he did understand what you were talking
25 about?

A. Yes.

Q. When you were talking about steroids and the effect that they could have particularly related to this condition in his breast?

5 A. That's right.

Q. All right. Now, given that you had observed the physical condition, given that you had talked to him about whether he was taking steroids or any other drugs and he said that he was not, what did you decide to do in terms of either a treatment or a course of medical conduct, if I can put it that way, concerning his condition?

10

A. I ordered a few hormone studies and at that point -- was it at that point -- at that point, I made a referral for him to see a plastic surgeon. The reason being, you know, breast enlargement in the absence of any reason, can be caused by tumor and this was the reason for, you know, setting up the referral.

15

At the same time -- the same visit, I ordered some blood work on him as well, you know, the hormones, testosterone and a few other hormone tests. I didn't specifically test him for anabolic steroids, though.

20

Q. All right. And now he came back to see you on October the 27th?

25

A. Yes.

Q. And by that time, did you have the results of the lab tests that you had ordered?

THE COMMISSIONER: Two weeks later, was it,
5 two weeks?

THE WITNESS: Right. Yes, the blood results came back. His testosterone level was within the normal range and his FSH --

10 MR. ARMSTRONG:

Q. What is the FSH?

A. That is follicular stimulating hormone, was 14. Normal is 5 to 13. That's not a significant elevation and that's the hormone that stimulates the --
15 the sperm producing aspect of the testicles to produce. I wasn't terribly impressed with that elevation. It didn't lead me to think one way or the other that, you know, what was causing the breast development.

Q. Yes?

20 A. At that visit he mentioned that he had not seen the plastic surgeon and he didn't think that he needed to see him because the breast development was less than what it had been. He was convinced that it was disappearing. And I examined the breast and I did think
25 that there was less, you know, breast tissue noted than on

the previous examination.

The fact that the breast development seemed to be disappearing, I decided just to recheck it again in four weeks and I told him to hold off on the visit with the plastic surgeon, which he did.

Q. All right. Now, you say four weeks but indeed, it's -- what is it, nearly a couple of months when he comes back again looking at the chart?

A. Right. He came back on January 4th, 1988 which was about, I guess, nine weeks later.

Q. Yes. And what did you find in accordance with your note and your own recollection?

A. Well, I examined his breast again and it was gone. The abnormal swelling was completely resolved.

Q. Yes. And your note says what, "No further breast tissue..."

A. "...tissue present".

Q. Present. Okay. And so is that really the end of this episode of gynecomastia?

A. Yes.

Q. I take it the problem did not surface again so long as he was under your care, as he continued to be until after the Olympics in 1988?

A. That's right.

Q. All right. Now, I wanted to also refer you to a visit that Ben Johnson had to your office in early May, specifically May 3rd, 1988 and do you have a note of a visit to your office at that time?

5 A. Yes.

Q. Tell us about that visit, please, and why he was there and what happened?

A. Okay. He came at that time complaining of difficulty sleeping and he showed me a note that his
10 coach had given him recommending a medication called L-Tryptophane, that he was requesting a prescription for it.

Q. Did you know what L-Tryptophane was?

A. I knew that it was an amino-acid. I
15 had never prescribed it before. What I did was I got on the phone with the pharmacist to give me some information about it, which he did, and it's a pretty innocuous kind of medication. It's an amino-acid and some people think that it can help in causing sleep -- somnolence; can help
20 people fall asleep better. I gave him six.

Q. Yes. And this had -- he brought the note in, you believe, from his coach?

A. Well, yes. The name was on a little piece of paper. It wasn't signed or anything. He just
25 showed me this little piece of paper and I said, well,

where did you get this from? He said, well, my coach wants me to be on this.

Q. Yes. And so anyway, you ascertained what the nature of it was, came to the conclusion that ---

5 A. That it was safe and to work, that's fine. I was actually surprised it was even a prescription.

Q. Yes. And indeed, your note on May the 3rd, 1988 does refer to the fact that he's having
10 difficulty sleeping lately, is that....

A. Yes.

Q. Is that so? All right. Now, was there another incident involving Ben Johnson on that very same day after indeed you had finishing seeing him in your
15 office or examining room?

A. Yes. What happened is we finished the visit in the office -- in the -- in the examining room and then he kind of caught me in the hall between patients and he asked me if he could have some -- he needed some
20 syringes and I asked him what did he need the syringes for or why did he need him? He explained that the team doctor wasn't available and that would make sense, otherwise he would have given him the L-Tryptophane, I would imagine.

I asked him what the syringes were for and
25 he told me that it was for vitamin injections. I asked

him who was going to be administering the injections, as his doctor wasn't there, and he explained to me that his coach would be the one to do it. I asked if the coach had done this before and knew how to do it and he told me that he had done it several times and knew how to do it.

I assumed that -- the team doctor had taught the coach how to do an appropriate injection. This was the first and last time that he had ever asked me, you know, for syringes and I can't recall if I gave him five or ten. I think his explanation that he gave me seemed reasonable at the time and I gave him -- now I can't remember, as I say, if it was five or ten.

Q. All right. And I take it you were satisfied, from what he was telling you, that you thought at least, that he was going to use the syringes to take -- to have some kind of vitamins injected?

A. That's right. I had known from before that he had taken vitamin injections and that he was on vitamin injections and, you know, I didn't suspect that it was for steroid injection.

I would have thought it foolhardy of him to ask, if it was for steroids, for him to ask me again or to ask me for it knowing that I had already raised the suspicion of steroid use with him, you know, earlier. He could have gone to any pharmacy to get syringes.

So, I believed it really was for vitamins at the time and it may well have been, you know, even in retrospect.

Q. All right. Now, Dr. Sussman, you
5 mentioned another doctor. I take it that you knew that during the course of his visits to your office in -- in the period 1979 through 1988, that there was a period, particularly from late '83, early '84 on to right up until the Seoul Olympics, that he did from time-to-time see
10 another doctor?

A. Well, I knew he was primarily under the care of the team doctor, you know, mainly, I guess, for his sports-related injuries.

Q. And did he ever tell you that -- that
15 he was seeing a Dr. Astaphan?

A. He never mentioned him by name and I only learned of Dr. Astaphan's name -- actually, I think after the Olympics.

Q. So, he would simply refer to the doctor
20 that he was seeing for his sports-related matters as "the team doctor"?

A. Yes.

Q. Now, did you have occasion to see Mr. Johnson after the Olympic Games when he had returned back
25 to Toronto?

A. I saw him during a house call where I was called really -- primarily to see his mother who was also a patient of mine. That was on October 2nd, 1988.

Q. Yes?

5

A. And as I say, I primarily saw his mother who was quite upset about the disqualification. She was quite tense and nervous. She was concerned about her blood pressure and I spoke to Ben in the basement for a few minutes.

10

Q. Did you conduct any particular medication examination of him?

A. I just checked his blood pressure. His mother wanted me to check his blood pressure. It was perfect.

15

20

25

Q. Was there any particular conversation at that time related to the Olympic Games and the events the Olympic Games?

5 A. Well, he told me that -- he just said that he was going to get the medal back, that his lawyers were going to get it back for him. That was all.

Q. That's all that related to the Olympics?

10 A. Yes, I didn't ask him about steroids or he didn't volunteer anything about the disqualification.

MR. ARMSTRONG: All right. Fine, thank you very much. Those are all the questions I have of Dr. Sussman.

15 THE COMMISSIONER: Anybody wish to ask questions? Anybody here? Mr. Lipkus.

MR. LIPKUS: Thank you, sir. I wonder if I could have the better copy of the -- just the notes.

20 MR. ARMSTRONG: The best copy we have is what you have, but the original notes of Dr. Sussman are in front of him.

MR. LIPKUS: I think mine -- could I just have a moment.

THE COMMISSIONER: Yes.

--- EXAMINATION BY MR. LIPKUS:

25 Q. Dr. Sussman, just very briefly, sir,

did I understand that you first had occasion to be the family doctor for Mr. Johnson and for other members of his family in '79?

A. That's right.

5 Q. Okay. At no time had you ever discussed with Mr. Johnson who the team doctor was that was dealing with some of his sports-related matters?

A. No.

10 Q. That wasn't something that came up in conversation between you during the course of your examinations?

A. No.

Q. During the time that you were treating him, did you do yearly checkups on him?

15 A. I don't know if they were exactly yearly; they were periodic examinations.

Q. Were you under the understanding, sir, that --

20 A. Yes, every year. Well, we missed 1984. He generally had a yearly examination.

Q. So, okay. Did Ben ever review with you or seek your advice on the type of vitamins that he was taking?

25 A. Other than the time that he came in in May for the L-Tryptophane, I don't believe so. No, I

don't recall.

Q. From your notes I understand you knew he was on vitamins of some kind, and from the discussions you had with him you knew that he was taking certain
5 vitamins, but you didn't specifically know which ones?

A. That's right.

Q. That was something that you knew that
or --

A. Well, he had mentioned about some
10 vitamins, I think he mentioned B-12 or thiamine, but not specifically, no. He mentioned those two.

Q. Do you recall if he ever mentioned Inosine?

A. No. Inosine?

15 Q. Inosine?

A. No.

Q. Sir, when you advised Ben or did you advise Ben that you thought that this might be a tumour of some kind. Did you say that to him?

20 A. I told him that if it wasn't a drug related or hormonally related, that it could be a tumour.

Q. Did you explain to him that if it was a tumour that it might require an operation of some kind?

A. Yes --

25 Q. And --

A. -- that was the reason why I sent him -- I made the referral to the plastic surgeon.

Q. So, he knew that through what you said to him that this was something that would require him to go to a plastic surgeon and potentially some sort of surgery?

A. Well, only if it was caused -- if it wasn't caused by medication.

Q. Okay. And did he say anything to you about going to the plastic surgeon?

A. Well, he told me -- he told me when I saw him on the follow-up visit two weeks later that he hadn't seen him.

Q. At the time, though, that you had referred him to the plastic surgeon and gave him the plastic surgeon's name did he say anything to you about going to the plastic surgeon?

A. No, I just assumed that he would go.

Q. Did I understand correctly that there was a notation in your notes that when you tested his testosterone level it was within what you considered normal range at that time?

A. Yes.

MR. LIPKUS: Thank you, sir. I have no other questions.

THE COMMISSIONER: Any other questions.

MR. McMURTRY: I just have one or two questions Mr. Commissioner.

THE COMMISSIONER: Yes, Mr. McMurtry.

5

--- EXAMINATION BY MR. McMURTRY:

Q. Dr. Sussman, I gather from your evidence that Ben Johnson generally saw you just once a year?

10

A. He would come in a couple of times during the year for non sport-related problems.

Q. Yes. I mean do you have your notes there basically of his history so far as your attendances are concerned?

15

A. Yes.

Q. And can you just quickly tell us how many times a year that you have actually notes of?

A. You mean average times per year?

20

Q. Yes, if you could just give us a general idea or specific idea, if you can.

A. Well, do you want to pick a year in particular? Probably three or four times a year.

Q. Well, in the year, let's say the year 1987, before October the 13th?

25

A. The previous visit was on November 27,

1986.

Q. Yes. And before that?

A. October 8, '86; June 18, '86; May 14, '86; April 28, '86; April 14, '86; April 11, '86; and then
5 January 6, '86.

Q. All right. So, you --

A. That was an unusual year, by the way.
In 1985, I saw him on only one occasion.

THE COMMISSIONER: You have got about six
10 or seven in '86?

THE WITNESS: Yes, '86 was a popular year.
It was a busy year.

MR. McMURTRY:

15 Q. Yes. Now, you mentioned that you had
some discussion with him about whether or not he had been
using steroids?

A. That's correct.

20 Q. But your notes don't make any specific
reference to steroids. I think you told us you just made
a note that he was not on any drugs?

A. That's right.

Q. Now, but no specific mention of
steroids?

25 A. I didn't specifically mention it.

THE COMMISSIONER: Well, I thought you said you mentioned it.

THE WITNESS: I mentioned it to him; I didn't specifically record it.

5

MR. McMURTRY:

Q. Are there any other drugs that could have caused that breast enlargements?

10

A. There are other medications that can cause it, but I also reviewed those with him as well.

Q. Yes.

15

A. The common ones are Cimetidine which is a very popular anti-ulcer medication. There are some other medications that older men tend to take like digitalis which would not have been appropriate.

Q. I gather from what you have --

20

A. When, I specifically said any medications, I said any medications at all. I think he mentioned that he was on vitamins but there are no vitamins that I am aware that can cause breast enlargement. And then I specifically zoned in on steroids.

25

Q. Yes, because I gathered that, in your view, that would be the only drug that would likely to have caused this condition, if it was caused by a drug?

A. Well, that's right, assuming that he wasn't taking the anti-ulcer medication Cimetidine that's commonly associated as well --

Q. But you would have known --

5 A. That's right.

Q. -- if he had an ulcer condition?

A. That's right.

Q. So, the only drug that would have occurred to you that he might have been taking was
10 steroids?

A. That's correct.

Q. Given his general condition.

A. Well, not so much -- well, not so much that, but given the fact that he is a highly, you know, he
15 is an Olympic athlete.

Q. But is there any particular reason why you --

A. Well, I know -- I was aware that a lot of athletes have used steroids, you know, do use steroids.
20 I mean this was the first thing I thought of.

THE COMMISSIONER: When you saw this muscle development, was that also --

THE WITNESS: No, when I first saw the muscle development, this did not -- I --

25 THE COMMISSIONER: -- didn't occur --

THE WITNESS: No, it didn't occur to me.

THE COMMISSIONER: Over the years, as you saw the increase, his muscle development and physique --

5 THE WITNESS: No, no. You know, the explanation that he gave me with the, you know, heavy duty weight training, you know, to me it was quite reasonable.

MR. McMURTRY:

10 Q. But if this condition were caused by a drug, I think you have said the drug that you sort of honed in on was steroids --

A. That's right.

Q. -- that's the one that came to mind?

A. That's right.

15 Q. You didn't seriously think of any other drugs?

A. That was the one that I was primarily concerned about.

20 Q. Yes, I just sort of wonder why you didn't mention in your notes any or make any specific reference to "not on steroids"?

A. Well, you know, I guess the fact that he -- I just didn't want to even have the word "steroid" on his chart, just because, you know, they are not allowed
25 in Olympic competition. And I was satisfied, you know, I

specifically asked him, I mean, that was the only reason.

Q. Yes, I am just curious because you were particularly concerned about steroids for very good reasons that you have shared with us, and given your particular interest in steroids, I wonder why you wouldn't have mentioned in your notes "not on steroids" if that was his response?

A. I don't know. I just didn't write it down. I guess I just didn't want the notes to show any -- you know, perhaps they could have be misconstrued or misinterpreted, you know, to have steroids associated with an Olympic athlete.

Q. But there would have been nothing --

A. I could have written it down just as easily.

Q. Nothing adverse --

A. No.

Q. -- as far as Ben Johnson was concerned by a statement that he said he was not on steroids?

A. You are right.

Q. But your notes don't contain any reference to steroids one way or the other?

A. Well, they do. They don't specifically mention steroids, you know, but not on any medications, the way I interpreted that and the way I meant it was that

it included all drugs including specifically steroids.

Q. Well, then, you made a referral to a specialist, but he did not actually see the specialist?

A. That's right.

5 Q. And then his condition returned to normal as you have noted in January the 4th of 1988?

A. Correct.

Q. Well, then, did you reach or did you form any opinion as to what had caused the condition?

10 A. I was suspicious that it had been caused by steroid use, and that he -- if he didn't know that he had been on them when I saw him, I felt that he did know that he -- if he had been on them that, you know, the breast was an indication that he had been on them and
15 that he was no longer on them.

Q. Yes.

THE COMMISSIONER: That he was stopped taking them?

20 THE WITNESS: That he had stopped taking them --

THE COMMISSIONER: Because --

THE WITNESS: Because of the fact that he had developed this breast development.

25

MR. McMURTRY:

Q. I am just sort of curious, Doctor, that fortunately the possibility of a tumour was ruled out by reason of the fact that the swelling subsided?

5 A. That's right.

Q. So, in your view, you reached the opinion that if -- that the most probable cause of the swelling was steroid use?

A. That's right.

10 Q. And yet you never had any discussion with him about the possible cause other than asking him whether he was on steroids on the one occasion?

A. Well, that's right.

15 Q. I would have just thought that when you saw him in January, being suspicious about steroids, whether it occurred to you to have any further discussions with him about steroids?

20 A. I just assumed that that -- first of all, you know, he denied using them the first time, I didn't want to bring it up again. I just assumed the fact that it had done away he was no longer taking them.

MR. McMURTRY: Thank you. Those are all the questions I have.

THE COMMISSIONER: Any other questions?

25 Mr. Armstrong.

MR. ARMSTRONG: No, I have no other questions.

THE COMMISSIONER: Thank you, very much for your assistance, Dr. Sussman.

5 The next witness.

MR. ARMSTRONG: Yes, thank you, Mr. Commissioner. Our next witness is Dr. William Stanish. And he is here represented by Mr. Ralph McCreath.

THE COMMISSIONER: Thank you.

10

WILLIAM STANISH: Sworn

--- EXAMINATION BY MR. ARMSTRONG:

THE COMMISSIONER: All right, thank you, gentlemen. Mr. Armstrong.

15 MR. ARMSTRONG: Thank you.

THE COMMISSIONER: Good morning, Dr. Stanish.

THE WITNESS: Good morning, sir.

20

MR. ARMSTRONG:

Q. Dr. Stanish, you received your MD degree from Dalhousie University in Halifax in 1970?

A. Yes, sir.

Q. You then did a residency, I suppose you
25 did the usual internship, and then a residency program at

Oxford and Harvard?

A. Yes, sir.

Q. You then received your fellowship in
orthopedic surgery from the Royal College of Physicians
and Surgeons Canada in 1976?

A. Correct.

Q. And that, of course, is the
qualification which entitles you to practice as a
specialist in orthopedic surgery?

A. Yes, it does.

Q. I understand that as well as being a
practicing orthopedic surgeon, you have had a longstanding
interest in sports medicine, and that, indeed, you
practice sports medicine and see athletes at virtually
every level right up to the Olympic level for various
ailments related to their athletic activity?

A. That's true.

Q. You are an associate professor of
surgery in the faculty of medicine at Dalhousie, and you
are on the staff at Victoria General Hospital in Halifax.
Is that correct?

A. Yes.

Q. Now, I assume as a result of your
sports medicine background, you have had a long history,
which I am going to review with you only briefly, of

association with various sporting organizations beginning in the 1976 Olympics in Montreal where you were assigned by the Olympic organization to provide medical care to the weightlifters in the Montreal Olympics?

5 A. Yes.

Q. And in 1984, for the Los Angeles Games, you were the chief medical officer of the Canadian Olympic team?

A. Yes.

10 Q. And then finally as we know now from the evidence which went before you, you were again in 1988 the chief medical officer of the Canadian Olympic team?

A. Yes.

15 Q. Now, could we just take a moment, Dr. Stanish, and could you tell us how you get appointed to be the chief medical officer of the Canadian Olympic team, and when the appointment is made?

20 A. Initially the selection is made through your peers, through your provider organization, which for me is the Canadian Academy of Sports Medicine.

25 Once you are chosen by your peer group, then you go before the Sport Medicine Council of Canada and the other provider groups: The sport therapists, the sport scientists, and et cetera. And if in fact they endorse your nomination, then ultimately you are vetted at the

third level by the Canadian Olympic Association.

If in fact you are found satisfactory by those people, then you receive the job.

You are appointed usually a year, year and a half prior to the Olympiad.

Q. I take it as most of these positions seem to be related to the Olympics, that it's a volunteer position, is it?

A. Entirely.

Q. Yes. And in your case, you were appointed chief medical officer for the Seoul Games when?

A. In early 1987.

Q. Now, could you take a moment, Dr. Stanish, and tell us in general terms what the responsibilities are of the chief medical officer leading up to the time of the Games, what your staff is, and so on?

A. Generally through the six months or perhaps 18 months prior, you are appointed. Then within about four or five months thereafter, the rest of your team has been selected by their peer groups. So, at that point, approximately a year before the Games, one is aware of just exactly what your constellation of people are going to be in terms of the make up of the doctors, physiotherapists, athletic therapists, et cetera.

Usually 10 months prior to that, you start the networking in terms of the correspondence with your team members, discharging responsibilities to them vis-a-vis what sports they will be attached to.

5 Furthermore, documentation regarding such things as doping in sport and so on.

Now, within that you do visit the venue, usually one year prior to the Games. At which time you are accompanied by the officials of COA. You clarify that
10 the hospitals, ambulance system, et cetera, is adequate, that your physical plant is going to be adequate.

And then about five months prior to departure, you meet as a medical group. And you spend two days together essentially in a workshop millieu
15 documenting exactly who will be associated with each team.

You will then define roles as to who is going to be depart from Canada at what time to make sure that you do have a medical group that is adequate.

At the time of departure, ultimately you are
20 responsible to liase with the Sport Medicine Council of Canada to make sure that in, for instance in this circumstance in Vancouver, that you have a medical clinic that is there at the site of departure to make sure that you are intercepting medical problems before people get to
25 Seoul.

Q. Now, tell us a little bit, if you will, about your staff. How many physicians, how many physiotherapists, how many athletic therapists? I suspect you don't carry the figures in your head, but give us approximations, that will be good enough for us.

A. Well, in fact, we are governed by the IOC formula. It's not a matter of just choosing as many doctors or physios as you wish.

So, in fact, our Canadian team for Seoul we had five medical doctors which included two orthopedic surgeons. We had 11 therapists, which were a mixture of sport therapists and athletic therapists. And we had one clinic coordinator. So, we had a team of 17.

Q. Now, the five doctors including the two physiotherapists, are they assigned particular responsibilities to particular teams such as --

THE COMMISSIONER: Five doctors, not including physiotherapists.

MR. ARMSTRONG: Sorry, I meant five doctors including the two --

THE WITNESS: Two orthopedists.

MR. ARMSTRONG:

Q. Two orthopedists. Are they assigned a particular team?

A. Yes, they are. Yes, they are. And
that's done --

THE COMMISSIONER: Does that include
yourself?

5 THE WITNESS: Yes, sir.

THE COMMISSIONER: Or do you have five plus
yourself?

THE WITNESS: I am included in that roster.

THE COMMISSIONER: Fine, thank you.

10

MR. ARMSTRONG:

Q. Then I take it similarly the
therapists, physical therapists, the athletic therapists,
they are assigned to a particular team.

15

A. They are. And usually not only one
team but usually two or three because we had such a
skeleton staff that we were spread that lean. Commonly,
you would have 18 or 19 venues active at any one time.
So, it was impossible to just give people unique and
individual responsibilities.

20

Q. You said that you were governed by the
IOC formula. Is there --

THE COMMISSIONER: In numbers?

THE WITNESS: Yes.

25

MR. ARMSTRONG:

Q. In terms of numbers. Is that because if you have so many members of a team, you are entitled to so many doctors?

5 A. That's correct.

Q. There is a formula that works out --

A. Yes.

Q. -- precisely. All right.

Now, we heard from Mrs. Letheren, the Chef
10 de Mission, yesterday about a group of physicians called dedicated personnel or she didn't confine it necessarily to physicians. She said there were therapists, doctors, and others who accompanied the team, but who were not part of your medical staff. Can you just explain who the
15 dedicated personnel are, how they become dedicated personnel, and what their relationship is to you and your staff?

20

25

THE COMMISSIONER: Is that the term,
dedicated?

THE WITNESS: Yes, it is sir. Historically,
with Canadian elite athletes, there has existed a
5 non-system whereby some athletes, or some teams, choose to
take their own doctors; in some circumstances, their own
chiropractors, their own massage therapists and their own
psychologists and that has been in place for really quite
some time, has anti-dated all of us.

10 Those people -- peoples commonly are not
accredited and do not have access to the Olympic Village
and may station themselves, obviously, in hotels, that
sort of thing, beyond the Olympic Village, in Los Angeles,
and in this circumstance, in Seoul. And our athletes are
15 at liberty, if you will, to go to the medical person or
persons of their choice.

It cause the considerable alarm for somebody
such as myself, as chief medical officer, because they're
beyond my jurisdiction. They are not accredited and I
20 have no idea what their licenses might be in their home
provinces, et cetera. I have no way of professionally
adjudicating the quality of those people.

THE COMMISSIONER: But are they given some
recognition or even badges?

25 THE WITNESS: No, sir.

THE COMMISSIONER: Or -- why do you call them dedicated?

THE WITNESS: No, they are dedicated inasmuch ---

5 THE COMMISSIONER: I'm not saying they're not dedicated but where did the term come up?

THE WITNESS: It's difficult. I really don't know the origin of it. It's those people that ob-

10 ostensibly have been dedicated to that particular athlete or team over the four years or eight years prior to the Olympiad.

THE COMMISSIONER: I see. But, they're not allowed to perform any of their functions within the Olympic Village?

15 THE WITNESS: No, sir. Not unless they, in fact, come with some type of -- with a desire to have some special recognition. For instance, working within our clinic and the tools that we may have there.

And we do attempt to strike the environment

20 of co-operation with these professionals, particularly if they meet our standards. We quite realize that these people are very valuable, most valuable to our athletes and we do everything possible to eliminate barriers for these people.

25 THE COMMISSIONER: Well, except that they're

not within your jurisdiction?

THE WITNESS: They are not.

THE COMMISSIONER: You don't know their qualifications. I'm not talking about any particular person, but...

THE WITNESS: Right.

THE COMMISSIONER: But that's one of the problems you see?

THE WITNESS: Exactly right. And there is no ability to penalize them, if there is, in fact, any type of misdemeanor and so on.

MR. ARMSTRONG:

Q. Now, is this system, if I can call it that, of dedicated personnel that Canadians have used in the past, you said it anti-dated certainly the 1984 Games. Is that something that other countries have done as well?

A. They have, but certainly, to my knowledge, not to the degree that has been practiced historically in Canadian elite sports medicine.

Q. I see. What about the Americans, for example? What is their practice, do you know?

A. Well, the chief medical officer for the American team in Seoul was very adamant in trying to control this type of thing for the very reasons that I

have suggested. That if, in fact, there is difficulties with a patient and that sort of thing and do you not have access or have history of the problems that that athlete may have had prior to the games, then you're really caught in a very awkward circumstance. So....

THE COMMISSIONER: Was one of your staff assigned, say, to athletics? I think the term in Olympiad is athletics, isn't it?

THE WITNESS: No.

THE COMMISSIONER: In track and field?

THE WITNESS: No. In fact, we allowed our professionals to be offered to Canadian Track and Field but they felt quite content that they were adequately staffed by the people that they brought with them.

THE COMMISSIONER: I see. Who made that decision? That was the CTFA?

THE WITNESS: Yes.

MR. ARMSTRONG:

Q. And in the case of the Canadian Track and Field Association it, over the years, has had a team doctor, chief team doctor, Dr. Doug Clement, I take it?

I know he wasn't the team doctor in Seoul but over the years he's been the team doctor?

A. He has and, in fact, he was not only

the team physician for Canadian Track and Field in Los Angeles but he was also a member of my team. So he wore two hats.

Q. Certainly with somebody like Dr.

5 Clement, I assume you wouldn't have any problem at all?

A. Absolutely no problem.

Q. And I take with many of the so-called dedicated personnel, there would be no problem at all? You're speaking to the concept rather than the particular
10 situation?

A. Most are totally professional and first class.

THE COMMISSIONER: Are you notified about them or do they just sort of show up?

15 THE WITNESS: It's very difficult. We had this problem in Seoul because it was really a last minute notification as to who was actually coming. It makes it difficult because when you go to a foreign country, you have to have a licence to practice.

20 Thus, to practice there with a licence, you clearly have to notify the authorities well in advance to receive your licence to practice medicine.

THE COMMISSIONER: Did you get such a licence?

25 THE WITNESS: Oh, yes, sir.

MR. ARMSTRONG:

Q. And all of your staff then on -- the Canadian Olympic staff, that is, the five physicians, they similarly ---

5 A. Received their licences.

Q. Received their licenses?

A. Yes. It's a formal licence which is ceremonial ---

10 THE COMMISSIONER: Would you require a licence from Korea to attend to one of your own athletes in the Olympic Village?

15 THE WITNESS: Exactly. They feel that to practice on a minor problem within the village is one jurisdiction but if, in fact, you have to harold an ambulance and move that ambulance and that patient to a hospital for definitive care then clearly you're counting on the resource of the country.

20 THE COMMISSIONER: Well, it wouldn't apply to just treating a patient within the Olympic Village, a Canadian, or do you know?

THE WITNESS: The point being is that you should have a licence to practice medicine in a foreign country.

25 THE COMMISSIONER: But, anyway, the five of you did, I gather? The five of your team did, including

yourself?

THE WITNESS: Yes, sir.

MR. ARMSTRONG:

5 Q. Without getting into particular names,
it is not important for our purposes, what about the
so-called dedicated personnel, the physicians who were
under the dedicated umbrella? Would they get the same
kind of licence you'd get?

10 A. Oh, they certainly could, if, in fact,
they made their unilateral overture to the SLOOC
organizing committee with their proper credentials from
Canada, they in fact receive a licence.

15 Q. Do you know whether they do bother
doing that, though?

A. Yes, some did and I'm quite certain
some did not.

20 Q. All right. Now, Dr. Stanish, in the
period leading up to the games itself which I would put
leading up to the staging period in Vancouver, are you
involved and is your staff involved in any way in a drug
education program either for your staff or the coaches or
the athletes in any way or is that something that you
assume responsibility for at the time of staging?

25 A. Correct. The education program, up

until the time of departure from Vancouver, is under the auspices of the Sport Medicine Council of Canada. We work directly with them in a professional fashion such that encouraging patient education, et cetera, prior to departure.

We had more input into what took place in Vancouver with visuals, in terms of an audio-visual show as it related to dope testing and so on that might take place in Seoul.

But, to answer you indirectly, but directly, our responsibility commenced principally on departure from Vancouver.

Q. All right. And then, what kind of procedure for Seoul was adopted concerning the monitoring of your Canadian Olympic team athletes as it related to drug intake?

A. Well, number one, they were given written material in Vancouver which was very aggressive in terms of noting what medications people were taking and to make absolutely certain that they visited our clinic and made sure they were all endorsed by our medical staff.

Secondly, to rearticulate it, there was the audio-visual show which was available in Vancouver.

THE COMMISSIONER: Is that the one prepared by Dr. Pipe?

THE WITNESS: No. That was his audio visual, yes, from the Sport Medicine Council of Canada.

THE COMMISSIONER: We've seen it here.

THE WITNESS: Right.

5 THE COMMISSIONER: It's a long time ago, but we've seen it.

THE WITNESS: Yes. The third issue was that we assigned Gloria Cohen, who was a general practitioner from Vancouver, really quite excellent, to be our drug
10 officer, if you will. We wanted somebody in our team who was well acquainted with doping procedures and testing and to be able to mill about and create workshops for each team, should they request it.

Furthermore, most importantly, upon arrival
15 in Seoul, each team leader was educated ad nauseum as to how vital this issue was, that any athlete that was taking any medication or anything orally or by injection, we must see it and must endorse it.

Q. And I take it at the mundane level, if
20 an athlete went out to a local drug store before he or she took a drug that she obtained from a local drug store, her obligation or his obligation was to bring it into a member of your staff and say, here, Dr. Stanish this is what I'm going to take for my cold or whatever?

25 A. Absolutely. And it's the surprising

the numbers that do have banned substances.

THE COMMISSIONER: Without -- because it's a part of a medication?

THE WITNESS: Exactly right. A sedative or an anti-histamine.

THE COMMISSIONER: All right.

MR. ARMSTRONG:

Q. All right. Then, moving along to Seoul.

THE COMMISSIONER: Well, an anabolic steroid would not appear in an antihistamine.

THE WITNESS: No, sir.

THE COMMISSIONER: All right.

MR. ARMSTRONG:

Q. And moving along to Seoul, we have already heard from Mrs. Letheren yesterday how she, at 1:45 a.m. on the morning of September 26th received a letter notifying her of a positive test of a banned substance concerning Ben Johnson and she said that she contacted you. Is that so?

A. Yes, I was -- actually, the carriers of the message were two of my staff and, in fact, they awoke me about two o'clock and -- with the same message, that,

in fact, an athlete had tested positive on an A sample for a banned substance.

Q. All right. And although we've just heard the story and it's fresh in our minds, can you just give us the benefit of your evidence as to how you and Mrs. Letheren approached the problem that you were then faced with at two o'clock in the morning?

A. It was a matter of following the protocol which was established in Vancouver. It was critical at that point that the team leader be notified immediately as to what had been alleged.

In fact, it was the middle of night at that point. The mission was to be present at ten o'clock the next morning to witness the testing of B sample. So, as the protocol had dictated, it was critical to contact Dave Lyons who was the team leader of track and field and inform him of the difficulties.

Q. Now, Dave Lyons, just to clarify it, is he a person, do you know, who was chosen by the Canadian Track and Field Association or is he chosen by the Canadian Olympic Association?

A. Canadian Track and Field Association.

Q. All right. So, he is the team leader and their representative?

A. He is the gentleman that represented

them at all official functions as the leader of that particular portion of our mission.

Q. Now, he, as we know, was contacted, he arrived and Mrs. Letheren told us that when you and she explained to him why it was that you had gotten him up so early he said that he thought Charlie Francis should be contacted. Is that your recollection?

A. Immediately.

Q. All right. Now, tell us what happened at that point?

A. Charlie Francis entered the room, he was extremely baffled by what was before him. I.e., he expressed the opinion that, 'I don't believe it, something has to be wrong.' We all sat down and ---

THE COMMISSIONER: At that stage, you didn't know what the ---

THE WITNESS: No.

THE COMMISSIONER: What the --

THE WITNESS: Substance was.

THE COMMISSIONER: So that I guess that -- were you assuming then that Mr. Johnson had not been on any steroids at all? Would that be your assumption from Mr. Francis?

THE WITNESS: Yes, sir, we had no doubt. We had it from the IOC Medical Commission that some banned

substance had turned up in his urine. That's all we knew at that point.

THE COMMISSIONER: In discussion with Mr. Francis, you would take it from him that as far as he was stating, Mr. Johnson was not on any banned substance?

THE WITNESS: Correct.

THE COMMISSIONER: Because at that time nobody knew it was stanazolol.

THE WITNESS: Exactly right.

MR. ARMSTRONG:

Q. All right. So you were indicating that Mr. Francis appeared to be totally baffled, I think is the way you put it or words to that effect, and was a course of action then worked out among Mrs. Letheren, you, Dave Lyon and Charlie Francis?

A. Yes. We were obviously all in duress inasmuch as we, at this point, had no information that this athlete had been on any banned substance. It was then put upon Charlie Francis to call Dr. Astaphan because I wished to speak to him. Up until that time, we had not interacted in any way, shape or form.

THE COMMISSIONER: Did you know he was there, though, before this particular moment?

THE WITNESS: Yes, via the grapevine. I

was aware that he was in Seoul.

THE COMMISSIONER: Did you know that he was Mr. Johnson's physician? Did you know that?

THE WITNESS: Not -- only inasmuch by
5 third-hand information, that the reason that he was in Seoul was to ---

THE COMMISSIONER: Or his position with the Mazda group....

10 THE WITNESS: ---was to administer to the needs of Ben Johnson.

MR. ARMSTRONG:

Q. And were you also aware of the fact that in addition to Ben Johnson, he was also looking after
15 other athletes; in particular, Desai Williams, Mark McKoy, Angella Issajenko?

A. I can honestly suggest that I assumed that but I did not have any -- Bob Luba or any other doctors associated with the Canadian Track and Field did
20 not tell me that directly.

Q. You mentioned Bob Luba. He's a orthopaedic surgeon from Toronto?

A. Yes, sir and took over the position as CMO of Canadian Track and Field after Doug Clement left.

25 Q. And he was there then, in Seoul, in his

capacity as the physician for the Canadian Track and Field team?

A. Correct.

THE COMMISSIONER: He would be one of the
5 five then?

THE WITNESS: No, sir, he was not. He was not a member of my team. He was a dedicated physician but did have accreditation within the village.

THE COMMISSIONER: He had accreditation?

10 THE WITNESS: Yes.

THE COMMISSIONER: I see.

MR. ARMSTRONG:

15 Q. I'm sorry. I guess in introducing this subject I had missed it. Some of these dedicated physicians then, although they're not part of your staff, receive some accreditation that permits them direct access to the village?

20 A. Yes, that accreditation is received through the sport-governing group....

THE COMMISSIONER: The CTFA?

THE WITNESS: -- the Canadian Track and Field Association, et cetera.

25 MR. ARMSTRONG:

Q. I see?

A. They would take that person as a member of their team.

THE COMMISSIONER: All right.

5 MR. ARMSTRONG:

Q. All right. And so presumably, I think we heard yesterday from Mrs. Letheren, that's how Mr. Waldemar Matuszewski, the physiotherapist, was part of the Canadian Track and Field contingent, that he was
10 accredited to be present in the Olympic village and so on?

15

20

25

A. That's correct.

Q. But, again, he was not part of your team?

A. No, sir, he was not.

5 Q. Now, Dr. Astaphan, I take it, from what you've just --

THE COMMISSIONER: Was not accredited?

MR. ARMSTRONG:

10 Q. -- suggested, was not accredited to be present in the Olympic Village?

A. He was not, unless by visitor visa or whatever.

15 THE COMMISSIONER: But Mr. Johnson was not staying in the Olympic anyway?

A. He was not.

THE COMMISSIONER: But the others were, weren't they?

A. Yes.

20

MR. ARMSTRONG:

Q. Now, there has been some evidence and presumably there will be more that initially when the team arrived in Seoul, Ben Johnson was staying in a place
25 called Family Town, which was adjacent to or nearby the

Olympic Village, and he was staying there with Dr. Astaphan initially. I take it that if Dr. Astaphan was there, that was part of some right to be there through staying at Family Town?

5 A. Yes. I have no firsthand knowledge of the mechanics of that.

 Q. Okay. I'm sorry I interrupted our progress through this story. Taking you back to your meeting in --

10 THE COMMISSIONER: With Mr. Lyon?

 MR. ARMSTRONG:

 Q. -- with Mr. Lyon and Mr. Francis and Mrs. Letheren, Mrs. Letheren told us at this point you
15 were in your office in the medical clinic or you were in the medical clinic of the Canadian team; am I right?

 Can you just say yes or no?

 A. Well, yes or no. I honestly don't remember. The suites are all so identical. If anything,
20 they're ten feet away from each other. Certainly, the four of us were together in this caucus.

 Q. In any event, you said you wanted to speak to Dr. Astaphan, and Charlie Francis, I take it then, must have phoned Dr. Astaphan?

25 A. Correct, yes.

Q. And was there any discussion that you were party to at least on the Charlie Francis side as to what Charlie Francis said to Dr. Astaphan?

5 A. No, Charlie Francis' mandate at that point was to get in contact with Dr. Astaphan so I could speak to him.

Q. Right.

A. Because I definitely had to have information as to exactly what medications this young lad
10 had been on. And I took over the telephone, and Dr. Astaphan assured me at that point that this athlete had not been on any banned medication. Within three hours, we were going to face the I.O.C. Medical Commission, and I was absolutely adamant, if I was going to inherit this
15 patient, I had to know what he was on. And he assured me he had not been on any banned medications.

Q. I take it --

THE COMMISSIONER: At that stage you were not discussing stanozolol?

20 A. No, sir. We were just talking generally about what is in the book, what they can and cannot take.

MR. ARMSTRONG:

Q. And you were obviously, as you just
25 indicated, getting ready to proceed to the meeting at 10

o'clock and the processing of the B sample?

A. Correct.

Q. And so Dr. Astaphan assured you as Ben Johnson's doctor that he was not on any banned substance.
5 Did he give you any information as to what medications if any he was on?

A. Yes, he said the general things about multivitamins. He said they had been on, most of the athletes had been on a liver-type of extract. And I asked
10 him, could he be a little more specific, what was included in that, and he suggested some amino acids and so on. But, again, I asked him directly were there any steroids within that, and the answer was negative.

Q. I take it you were already thinking in
15 terms then of the possibility of steroids, it being one of the banned substances?

A. Yes, no question.

Q. So you specifically then put the question to him as to whether or not any of the
20 medications he was on involved anabolic -- was it anabolic steroids or just steroids?

A. Just steroids, generally. All of us that deal with elite athletes are quite aware of what is restricted and what is banned and so on, and in that
25 environment of considerable passion, I wanted to have all

the information, and I passed that on to him in no uncertain terms.

Q. And, indeed, did you request Dr. Astaphan to prepare a written list for you --

5 A. Yes.

Q. -- so that all these medications would be set out?

A. Correct.

MR. ARMSTRONG: And in a moment, Mr. Commissioner, we'll produce that list. It appears a little later in the chronology, but we have it available.

THE COMMISSIONER: I suspect it's the same as the setup in that document sent to Mr. Johnson, presented to doping control, I mean?

15 MR. ARMSTRONG: Well, it's more elaborate than that.

THE COMMISSIONER: All right. Thank you.

MR. ARMSTRONG:

20 Q. Then can you just continue on? That I take it completes the telephone call of Dr. Astaphan?

A. Correct.

Q. That telephone call having ended on the basis of your request for a detailed list which he agrees to supply to you?

A. Yes.

Q. All right. Then what happens next?

A. The next step is obviously to make presentation at 1000 hours at the doping centre, which is the Korea Institute for Science and Technology with two, if not three representatives of the Canadian team to speak to the executive of the I.O.C. Medical Commission regarding exactly what had been alleged and proceed to determine what medication, banned or otherwise, that our athlete was supposedly on.

MR. ARMSTRONG: Could I just have your indulgence, please?

MR. ARMSTRONG:

Q. So we've heard from Mrs. Letheren that a decision was made as to who would comprise the delegation of three, and it was decided that it would be you, Dave Lyon as the team leader and representative of the C.T.F.A., and Charlie Francis?

A. Correct.

Q. And can you just take us to this meeting at 10 o'clock? You then, presumably, arrived at the appointed hour at the Seoul lab?

A. Yes, sir.

Q. And is the lab close by from where your

medical clinic was located?

A. As I recollect, it was about a fifteen-minute drive.

5 Q. All right. Tell us then, Dr. Stanish, what happened then when you got to the lab? Who was there and what was discussed?

A. We proceeded through security with autographs being taken, moved in, met the I.O.C. executive who included at that point Dr. Beckett from England, Dr.
10 Donike from Cologne, Dr. Park who was head of the lab in Seoul, was a Ph.D. in biochemistry.

Q. Yes? And --

THE COMMISSIONER: Dr. Beckett, Dr. Donike, were they on the I.O.C. Medical Commission?

15 A. Yes, sir, they are, senior members.

THE COMMISSIONER: Dr. Beckett, I think is from England?

A. Yes, he is.

THE COMMISSIONER: Donike of West Germany?

20 A. Yes.

THE COMMISSIONER: Park from Korea?

A. Yes.

MR. ARMSTRONG:

25 Q. Now, I just want to pause for a minute

before we go into this meeting and ask you a couple of questions. First of all, I'm going to ask you a number of questions, as you know, about what transpires through the rest of the day from 10 o'clock in the morning until the bad news at 1:30 or so the following morning. And were you, during the course of this day, keeping some rough notes of your meetings and discussions as events unfolded?

A. Yes, sir.

Q. Now, you were kind enough to give me your original notes this morning so that they could be photocopied. I, of course, have separated them all apart and mixed them up, and they're all out of order, but we'll do our best to straighten them up. There are your originals, and I'm going to, first of all, file the notes that appear to relate to the meeting at the --

THE COMMISSIONER: At 10 o'clock?

MR. ARMSTRONG:

Q. -- at the lab that morning at 10 o'clock. And, Dr. Stanish, if you and I can just agree for the moment, what I have done is photocopied and stapled together that portion of your notes which appears to relate to the B sample, and can you just, for the purposes of the record, just skip through that. And those, of course, appear to be handwritten notes made by

you --

A. Yes, sir.

Q. -- on the 26th?

A. Correct.

Q. All right. I'll leave you a photocopy
and your originals, and if we get lost along the way, as
we may do, we'll hopefully straighten it out.

THE REGISTRAR: 173, Mr. Commissioner.

-- Exhibit 173: Handwritten notes of Dr. Stanish.

THE COMMISSIONER: Are these notes to
himself or --

MR. ARMSTRONG: I'm sorry?

THE COMMISSIONER: Are these notes to
himself telling him not to do something or -- I can't make
it out. I can't read it.

MR. ARMSTRONG: Well, I'm going to take him
through the notes, and it may be a little slow going, but
I think you'll find at the end of it all that the notes
are quite helpful. But, in fairness to Dr. Stanish, they
are by no means a complete record or certainly by no means
a verbatim record.

A. No, I think certainly they were notes to
myself. I think the Commissioner's question was quite

accurate, Mr. Armstrong, they are --

THE COMMISSIONER: I don't know whether it's a note of what's being said or just a note to himself.

MR. ARMSTRONG: But as we go through it
5 you'll see that there are notes of what's being said.
From time to time they'll require a little interpretation.

THE COMMISSIONER: All right, go ahead.

MR. ARMSTRONG: I don't think you'll be
disappointed at the end of the day.

10 THE COMMISSIONER: Well, I'm going to say
I'm not very happy at the moment.

MR. ARMSTRONG: Well, you're a tough guy to
please, but we'll work it out.

THE COMMISSIONER: Let's get on then and see
15 if we can understand this. It may be just easier to have
the doctor give his evidence as to what transpired, but if
you think this is helpful, we'll listen to it.

MR. ARMSTRONG: Well, that's exactly what
I'm going to do, but I thought we should all have in front
20 of us exactly what he has to aid his memory.

MR. ARMSTRONG:

Q. Dr. Stanish, when you got to the lab and
you were introduced to Dr. Beckett, Dr. Donike and Dr.
25 Park, first of all, who was the spokesman for the I.O.C.

group that I've just named?

A. Initially Dr. Beckett.

Q. And initially what did he say?

A. Well, for the first fifteen or twenty
5 minutes at least he elaborated on the circumstance, i.e.
the problem of performance-enhancing drugs in the world.
He started off by suggesting there was a recent major drug
bust, if you will, in Scandinavia. He also offered that
he felt that the amount of dollars involved in anabolic
10 steroid distribution the world-over was really, really
quite awesome.

He then in the preamble suggested to us that
he could not divulge what medication we were dealing with
because at that point, once he divulged that, we would
15 stop all preamble.

Q. All right.

A. This is practical inasmuch as he wanted
to give we and our athlete every opportunity to come forth
with whatever information we may have. Is there any
20 potential that this person has been on a cold medication?
Did he perhaps take something inadvertently, et cetera?
So he was, in his initial inquisition, was very eager to
try and understand if in fact they had been wrong within
the lab. But at no time, at no time were we aware of what
25 agent had been picked up in Ben Johnson's urine.

Q. And, indeed, the second line of this note which we've now marked as Exhibit 173 says, "Do not divulge substance," which I take it must have related to what Dr. Beckett had said to you at the outset that --

5 A. Exactly.

Q. -- at this stage, at the preamble stage, as you've put it, "We want to ask you some questions, and we're not in this stage going to divulge the substance"?

A. Exactly.

10 Q. So what then happened?

A. Well, again, it was within that atmosphere that he suggested in terms of his philosophy that commonly athletes were sacrificed by the system and by coaches, et cetera, and he went on, as I mentioned, for
15 fifteen or twenty minutes giving us basically his personal and perhaps I.O.C. philosophy regarding drugs in sport. Also, he said to us, which was rather interesting, that in fact when one has a clear-cut, positive test for anabolic steroid from an I.O.C. accredited lab, it's most unusual
20 that the B sample would be negative. In other words, for there to be an incongruency in their lab was really quite unusual.

Q. And, indeed, you made a note of that in your notes, Exhibit 173, and you've got B, and in
25 parentheses "never negative"?

A. Right.

Q. And that's a reference, again, to the information that he was giving you?

THE COMMISSIONER: Well, that's a little overstated. He said it would be very unlikely; is that right? Or did he actually say never? I thought you said earlier --

A. Yes. Well, again, it depends on who you believe. Again, you have the I.O.C. Medical Commission who feels that their lab is the ultimate, and his posture was that when it's a clear-cut positive on A, B is never negative.

THE COMMISSIONER: On anabolic steroids?

A. Yes, sir.

MR. ARMSTRONG:

Q. There's a reference here you mentioned about the athlete being sacrificed by the system and so on. Under that there is a reference to Bulgarians. What is that reference?

A. The reference was that, as you all know, that the Bulgarians had a particular problem with their weightlifters and, in fact, they had two, if not three, positive tests. And one evening they merely vanished. They pulled the rest of their athletes, weightlifters, out

of competition, and there had been some inferences passed on by Dr. Beckett that the coach was very much entwined with his athletes in terms of aiding and abetting allegedly in the use of anabolic steroids.

Q. So I take it that was the example of an athlete or athletes, as he saw it, being sacrificed by the coach or the system?

A. Indeed, and he was obviously very emotionally moved by this situation.

THE COMMISSIONER: They were just withdrawn from the competition?

A. Yes.

THE COMMISSIONER: That's what he meant by being sacrificed, I guess? I don't know what you mean by being sacrificed.

A. Well, these are notes to myself, sir. The tone of --

THE COMMISSIONER: What did he say? That would be more helpful, I think, at the moment.

A. Dr. Beckett suggested that athletes are commonly sacrificed -- that's why I have it in quotes -- are sacrificed by their coaches to win medals. That in fact they, in his mind, aid and abet in the desire to win gold by using any type of agent or any type of technique.

THE COMMISSIONER: The coach aids and abets

the athlete; is that what you're saying?

A. Correct.

MR. ARMSTRONG:

5 Q. Now, was there then some discussion
about what medications or drugs that Ben Johnson was on?

A. Yes. The situation was rather startling
because Dr. Beckett found it hard to believe that there
was another doctor that was exclusively looking after our
10 athlete who was not under the umbrella of myself and the
rest of the Canadian medical group because when he asked
me directly what medications this person was on, I said,
"I do not know. I have it from his doctor that he was not
on any banned medications." He found that very
15 disturbing, and, of course, one feels like a pure amateur
in that circumstance, not having that information
firsthand.

Q. And I take it at that point in time you
did not yet have the list from Dr. Astaphan?

20 A. No, I did not.

Q. And was he surprised to hear about the
system that the Canadian team operated under that you've
just described a few moments ago of dedicated medical
personnel?

25 A. Very surprised.

Q. Obviously, the British didn't operate under that system?

A. I have no way of knowing. I was speaking directly to Dr. Beckett.

5 Q. Then you've got a note here about Francis, which I take it relates to Charlie Francis. What does that relate to?

THE COMMISSIONER: Was he part of the discussion, Mr. Francis? He was there?

10 A. Charlie Francis was there on my left, and he was clearly in great distress. Obviously, all of us were very disturbed by this circumstance, Charlie as much as anybody and was outwardly agitated. And in that circumstance where cool heads really must prevail, it was
15 disturbing in terms of his agitation, inasmuch as he was commenting, "I'm out. I'm out," meaning that "I am leaving track and field. There's got to be some mistake," and so on.

So it was difficult for the I.O.C. Medical
20 Commissioners to carry on with the business at hand in that sort of atmosphere. It's completely understandable when you have a coach in that much distress. But, very much to my mind, cooler heads should have prevailed in that circumstance. We eventually got on and got things
25 done, but I just made a note to myself because it was

rather disturbing in terms of conducting business on that very stressful occasion.

Q. All right. Now, when you had indicated to Dr. Beckett that because of the particular situation under which the Canadian team operated that you didn't know with precision what medicines Ben Johnson was on, was some step taken to remedy that problem, if I can put it that way?

A. Yes. David Lyon was missioned by Professor Beckett to hunt down Ben Johnson immediately and to have him escorted to the facility with his medications.

Q. Yes? And the -- wherever Ben -- Ben Johnson we know that morning had gone to the track with Mark McKoy, so was the track close by?

A. Yes.

Q. All right. And did he soon appear at the --

A. He appeared --

Q. -- laboratory?

A. -- within about twenty minutes to half an hour.

Q. What happened when he appeared?

A. He again sat on my left. He brought with him a number of medications which he put on the table and was asked directly by Professor Beckett at that point

as to whether any of these were banned medication or something of that nature. To elaborate, certainly the medications themselves were mostly unmarked and impossible to interpret. There were some that were obviously liver extract. Liver pills have a very distinct smell and appearance. But there were some white tablets.

Furthermore, there was a liquid, which was rather unusual, inasmuch as it was in a white vessel with a black cap, almost like you would carry when you were riding your bicycle. And within it, it had a material called sarsaparilla, which has a very pungent odor indeed. And, ostensibly, this is a material that Ben Johnson has used for quite some time. It's a homemade remedy from the West Indies. It is not to contain prohibited substances, and, again, I'm receiving this information secondhand. Furthermore, he carried with him a note from Dr. Astaphan to myself as to what medications he had administered to Ben Johnson in the recent past.

Q. All right.

THE COMMISSIONER: I'm sorry, was Mr. Johnson asked what these drugs were, whether they were banned? Is that what you said?

A. Yes.

THE COMMISSIONER: What did he say?

A. Well, he acknowledged that they were

not. I mean, the same situation, we had an ongoing interaction; Beckett is there; Ben Johnson is here. He's asked Francis, et cetera, "Is there anything that we should be alerted to?" And at this point, we still did not know what agent we were looking for.

THE COMMISSIONER: Was he asked whether he had ever taken any banned substances?

A. He was asked had he ever taken banned substances. The medications are on the table, and the reflection was no.

THE COMMISSIONER: The word steroid wasn't used at that stage, is that right, or was it?

A. Well, we couldn't -- it wasn't divulged, sir, at that point.

THE COMMISSIONER: I understand.

MR. ARMSTRONG:

Q. Then you indicated that he brought with him a note from Dr. Astaphan providing the list of medications. I'm going to show you now a copy of that note. It's two pages on the letterhead of the Seoul Hilton International Hotel, and I take it that this is a photocopy of the note that Ben Johnson brought into the lab with him that morning?

A. Correct.

MR. ARMSTRONG: Could I have that marked as the next exhibit, please?

THE REGISTRAR: 174, Mr. Commissioner.

5 -- Exhibit 174: List of drugs prepared by Dr. Astaphan.

MR. ARMSTRONG:

Q. All right. Could you just take us through that note, Dr. Stanish? Could you read it for us and tell us what these various medications are?

10

A. Medications, dated September 13th, 1988, it's Depo-medrol and dexamethasone, which are basically corticosteroids which are not banned or restricted if in fact they are used for medical purposes and used on the surface, for instance, if you're going to inject a joint or if you're going to inject a tendon. Dr. Astaphan has recorded that he injected these intramuscularly. That's what I.M. means.

15

Now, under the strict I.O.C. regulations, whenever you administer these medications, you have to make a verbal presentation to the I.O.C. Medication Commission. This is September the 13th, 1988, and you'll see the underwriting says "Plantaris strain, aggravation of hamstring and left Achilles' tendonitis and bursitis."

20

25 They are essentially overuse injuries that you see with

all elite athletes of this type.

On September 20th, 1988, it says,
"Depo-medral, a quarter-cc, into left Achilles'
tendon/bursa for acute problem sustained in training with
5 swelling and pain." Now, Depo-medral, again, is a
cortisone type of derivative. It is not banned or
restricted if it is used subcutaneously, just under the
skin, for a left Achilles' tendon problem. So that's
completely satisfactory. But, again, whenever you use a
10 medication like that at Olympic Games, you have to make
representation to the I.O.C. It is felt to be a
restricted medication, not banned.

Q. Either at that time or subsequent to
that, did you learn that these medications administered on
15 the 13th and 20th of September had in fact received the
appropriate approval from the I.O.C. Medical Commission?

A. No. Subsequently, we had information,
secondhand, I must admit, that the physician with Canadian
Track and Field had administered Depo-medral to the
20 Achilles' tendon during the games and in fact had made the
appropriate overtures to the I.O.C. Medical Commission. I
was not copied on that correspondence.

Q. All right.

A. The others are hard-core training pack.

Q. I'm sorry. Can I just stop you there?

So which of these two injections had been reported? I don't think anything turns on it, but --

A. I don't think either of them had been. I'm not certain of that because the --

5 THE COMMISSIONER: The suggestion is that there's a later one reported?

A. Yes, sir, correct.

THE COMMISSIONER: That's what I think he said, Mr. Armstrong.

10

MR. ARMSTRONG:

Q. And that was one administered by the team doctor of the Canadian Track and Field Association?

A. Allegedly.

15 Q. Then, under the heading "Others," the hard-core training pack. Tell us about that, please?

A. Well, I really don't know anything more than what you do about that. That is just a layperson's term regarding anything from amino acids to proteins to
20 hypervitamins. It means nothing to me.

Q. Do you know what that word is in parentheses, the first word?

A. I don't -- well, it's something plus "sample enclosed," in brackets "oral." And the first word
25 may very well be liver. It looks like liser, but it may

be liver.

Q. All right. Just take us down the list, please. Number two?

A. Number two is ginsenga caplets. I don't
5 know what that is. I suspect it's ginseng with some type of other ingredient.

Q. All right.

A. I don't know that. The other is a Cambison cream allegedly used for facial rash, obtained in
10 the pharmacy at the Hilton Hotel, the tube enclosed. There was nothing on the tube that suggested that it was prednisone or zinc ointment or anything that I could identify. The fourth is Indocid, which is an
15 anti-inflammatory which is used every day for people that have arthritis and other inflammatory problems, and the dosage that is on here is times six, times three, times two. Obviously, he had a reducing dosage. That is not a
banned or restricted medication and is used commonly by athletes.

20 Number five is maltonic. It's malt plus iron extract with hemoglobin, HGB means hemoglobin, supplement. Again, that's a trade name. I really don't know what's in that other than what's been suggested here. Six is Vitabeck, which is a hypervitamin supplement, which
25 is, it says here, an oral vitamin supplement, in brackets,

enclosed. That is, again, not a banned or restricted. Seven is sarsaparilla drink, the drink that I've already confessed to you is ostensibly a homemade remedy from the West Indies. I don't know exactly its contents in terms of its chemical fabric.

Eight is Dolobine jell, topical applications over Achilles' and plantaris tendon. Now, that is probably a derivative of Dolobid, which is a medication we again use for arthritis, and the Europeans commonly put them out in cream forms. That, as best as I can interpret, would not be a banned or restricted substance either.

It's signed Jamie, and the P.S, "In May/June of 1988, after initially sustaining an injury to his left hamstring, he was put on Santapyramine, which is in brackets, a combination of Butazolidin and Prednisolone. Butazolidin is an anti-inflammatory that they commonly used on horses and Prednisolone is, again, a steroid which has anti-inflammatory properties. And it is the type of thing that you have to announce to the I.O.C. Medical Commission if you're going to use it.

Q. And I assume that this note containing the list that you've just reviewed was handed over to the representatives of the I.O.C., Dr. Beckett and so on?

A. Yes, as well as the medications.

Q. All right. And the note at the top on the first page, it seems to indicate the time at which you received it, I take it?

A. Yes, 11 a.m. on the morning of the 26th.

5

Q. All right, thank you. Now, was there -- well, just let me ask you this. After Ben Johnson arrived with his collection of medications, his white plastic water bottle with the black top and this list, and the list was handed over, what then happened?

10

A. Then the statement was made by the I.O.C. Commissioner that, in fact -- he first of all said to us, "Are we ready to proceed now?" We had our coach and our athlete suggesting that there had not been any ingestion of banned materials, and so the question was asked, "Are we ready to proceed with requesting exactly what the allegation consisted of?" And yes, we proceeded. We moved forward, and it was, we were told at that point that the banned substance was stanozolol. And at this point, Dr. Park, who was on my far right at the end of the table, took over, inasmuch as he was a biochemist. He went on and suggested what the material demonstrated in his laboratory.

15

20

25

THE COMMISSIONER: This is before the B sample is tested?

THE WITNESS: Yes, sir, we haven't moved upstairs yet. We are still down on the main floor.

5

MR. ARMSTRONG:

Q. All right. I am just going to interrupt you for a moment. Before you were advised that the -- they were ready to proceed with disclosing what the banned substance was, and indeed they disclosed that it was Stanozolol, was there any comment from Ben Johnson because I see on your note on Exhibit 173 that you have got Ben Johnson's name there and some writing related to that.

15

A. Prior to this, he had suggested that, no, he had not been on any medications and it must be sabotage, there was somebody in the room at the time of the test and he described this person. Professor Beckett actually harvested the information from him as to what did this person look like, et cetera. Allegedly, the person was 6 foot 2, he was black in complexion.

20

Ben Johnson made the observation that in the actual drug testing area that this person was around. Dr. Donike responded by saying there were really no black people on his doping or drug Commission that would be

25

there at that time. And the only other thing that Ben Johnson mentioned at that time that "my bag was open all the time".

5 Well, as you all know, when you go to the starting blocks, you put off your -- you take off your gear, put it in your open bag, it's carried by a courier to a holding area. And after you finish your run and you move into the stadium, the main heart of the stadium, then you pick up your materials which are supposed to be
10 protected, and so on.

Q. There is also a note here, Astaphan - drink given after the race. Do you recall now what that relates to?

A. I don't really other than what was on a
15 back thing which was a note. The material that was given to me was on the stationary from the Hilton. There was another piece attached to it which had a handwritten note from Charlie Francis or from Astaphan to Charlie Francis suggesting that Ben had --

20 MR. ARMSTRONG: Sorry, have you got your -- I have got a copy of it here.

THE COMMISSIONER: Was that honey and vinegar? We have heard he was given honey and vinegar to drink after the race. Was that honey and vinegar?

25 THE WITNESS: Well, it was just something,

a general statement that says "Charlie - note that someone gave him, in brackets Ben, a bottle of drink, underlined, at the track on Saturday after the race, signed Jamie.

5 THE COMMISSIONER: I think Mr. McKoy told us -- didn't he testify that he was to give -- he gave Mr. Johnson a bottle of honey and vinegar. Am I wrong on that? That after the race --

10 MR. ARMSTRONG: In fact, it was Desai Williams who said that he had received the bottle from Mark McKoy. Mark McKoy confirmed that he gave it to Desai Williams. Desai Williams said that he didn't use it, he gave it to Ben Johnson.

15 THE COMMISSIONER: I am sorry, you are right, it was Desai Williams. What does this substance say? I am sorry, what does it say? I was trying to read something --

20 MR. ARMSTRONG: The note says -- it's a note from Jamie Astaphan to Charlie Francis. And it reads "Charlie note that someone gave him, Ben in parenthesis, a bottle of drink at the track on Saturday after the race. Jamie." That's what Dr. Stanish just read from.

MR. ARMSTRONG:

25 Q. I am going to try to keep the paper to a minimum, so we will just -- I don't intend to put that

note in at the moment at least.

MR. ARMSTRONG:

5 Q. Then we were at the point, Dr. Stanish, that you were advised that the drug was Stanazolol. Now, was it Dr. Park that advised that? I guess nothing turns on it, but let's just get it back in to context here.

A. The monologue was still with Dr. Beckett.

10 Q. All right. And so you were then advised that it was Stanazolol, and I think you then said that Dr. Park took over?

A. Yes.

Q. All right. Tell us about that, please.

15 A. Dr. Park put before him the printout from his laboratory suggesting that the medication or the substance that appeared in the urine of our athlete was Stanazolol. He suggested that they were screening for 16 different steroids. Stanazolol appeared on the first
20 sample.

It was suggested at that point that they rework the sample to make absolutely certain to their mind that there was not an error. He really didn't spend much time on that other than to show us the apex of the curve
25 on the chromatograph as to exactly where the Stanazolol

appeared.

Dr. Beckett and Donike both offered at that point some habits of Stanazolol in terms of the fact that it's a very rapidly metabolized anabolic steroid. It is
5 felt to be really quite strong. And that was in essence where we were.

Q. Okay. Now are you still, I think, you were on the main floor when you first went in?

A. We are.

10 Q. You are still on the main floor?

A. Inside on the first floor, inside the door on the left.

THE COMMISSIONER: What is this note here? I don't mean to say -- it looks like hieroglyphics to me.
15 What is that, "A - 75 - 1st" was that the printout that you were studying?

THE WITNESS: Yes, the 75 millilitres.

THE COMMISSIONER: You were given the printout? I call it a printout, and you were shown the
20 graph?

THE WITNESS: We weren't given that. He had that in front of him. We were not given copies.

THE COMMISSIONER: I thought he showed it to you, though?

25 THE WITNESS: Well, you were at liberty to

walk and look over his shoulder.

THE COMMISSIONER: He was describing what it meant, is that --

THE WITNESS: He was describing merely the peak of Stanazolol.

THE COMMISSIONER: Right.

THE WITNESS: The first sample was 75 millilitres, and they worked it for two metabolites. These are just notes to myself.

THE COMMISSIONER: All right.

THE WITNESS: And the screen 16 means they were screening for 16 different steroids.

THE COMMISSIONER: I see. All right.

THE WITNESS: And the code was then broken by Prince de Merode.

MR. ARMSTRONG:

Q. Now, just a minute, now, are -- I am sorry, go ahead. I apologize.

A. We are still on the first floor.

Q. You are still on the first floor, okay.

A. The code was broken by the chief of the IOC Medical Commission to determine that it was a Canadian athlete. We were assured, as I mentioned before, that the samples were redone. And as I have just suggested again,

we were told that the habit of Stanazolol was that it was very rapidly metabolized. And as a consequence, they work for the metabolites rather than the pure form of the actual agent.

5 THE COMMISSIONER: Right.

MR. ARMSTRONG:

Q. All right. And so far as you recollect, was -- their information to you that they were
10 dealing with metabolites of Stanazolol as opposed to what I would, as a layman, would call pure Stanazolol?

A. Exactly right.

Q. Then --

THE COMMISSIONER: When the Stanazolol is
15 in your body, then the body creates the metabolite, is that what happens?

THE WITNESS: Yes, it breaks it down --

THE COMMISSIONER: Breaks it down to
metabolite form.

20 THE WITNESS: Exactly right.

THE COMMISSIONER: That's what these tests show is the metabolites.

THE WITNESS: Correct.

25

MR. ARMSTRONG:

Q. Okay. Then are we finished yet on the first floor?

A. Yes.

5 Q. All right. Then take us to the third floor, if you will.

A. We proceed then by elevator to the third floor of the institute to harvest the B box.

10 Q. Okay. Now, on the way up to the third floor, were you either party to or did you overhear any discussion with anyone concerning the properties of Stanazolol and so on?

15 A. Yes. Because it was an ongoing lesson in biochemistry, because it was Dr. Donike in particular was very content with the fact that their machinery in Seoul was far more sophisticated than what they had in Los Angeles, feeling that there perhaps were people that had in the past been on Stanazolol and had tested negative, but here in Seoul they had a titration that was able to
20 pick up many metabolites of Stanazolol. And he was certainly very scientifically heartened by that fact.

25 Q. All right. During the course of the trip up to the third floor, where you were going to open the B sample, was there again any discussion to which you were a party or which you overheard concerning how fast

acting Stanozolol was once it got into your system, and how fast acting it was in relation to the metabolism process?

5 A. It was -- there was a good deal of information that was coming forth, Mr. Armstrong.

 Number one, Stanozolol was felt to be one of the most potent of anabolic steroids in terms of its anabolic effect.

10 Within that it was felt to be one of the most dangerous because of its effects on liver and so on.

 Thirdly, it is very rapidly acting in as much if you ingest it you very quickly catabolize it or break it down. So, that within an hour one is unable to pick up the form of it. And in the urine, one would have
15 purely metabolite products even after a very brief period of time.

 And it was suggested, depending on the dose, of course, that you clear it from your system in a very rapid period, within two to three days, very much unlike
20 the more traditional injectables.

 Q. And Mr. Francis has already testified to, perhaps not an identical discussion word for word, but has testified that indeed was present when Dr. Beckett said much the same thing that you have described. And I
25 take it he was with you.

THE COMMISSIONER: The athletes were never given that short a clearance time, by any means.

MR. ARMSTRONG: No, no, no.

THE COMMISSIONER: Are you talking about clearance times?

MR. ARMSTRONG: No, no, no. Mr. Francis testified that he was present when Dr. Beckett provided this information.

THE COMMISSIONER: I understand.

MR. ARMSTRONG: And I just want to confirm with Dr. Stanish that indeed Mr. Francis was present throughout --

THE COMMISSIONER: Yes.

MR. ARMSTRONG: -- this discussion?

THE WITNESS: Absolutely, as was Ben Johnson.

THE COMMISSIONER: That's right. Sorry.

MR. ARMSTRONG:

Q. Yes. All right. Indeed, Ben Johnson, I take it, then went up with you to the third floor --

A. Yes.

Q. -- for the opening of the B sample?

A. He did.

Q. Then, Dr. Stanish, when you got to the

lab where the B sample would be open, just take us through that, if you would please.

A. Again, the third floor of the institute, very professional in appearance. We marched
5 into a major room where the aliquant was -- would be analyzed, to a back smaller room in which they had large tin doors, almost like a refrigerator type of complex. The door was opened by Dr. Park himself, and a yellow-colored canvas type of box or container about so
10 large was lifted from the area and put on the table which was again a very fundamental table in front of us.

Q. Then what happened, please.

A. We identified with the cross reference that this was the outside casing that cross referenced
15 with our athlete. The seal on it was one that one can't tamper with. We made absolutely certain, and I made sure that the athlete was aware to his contentment that this thing was sealed properly. And I --

THE COMMISSIONER: That it was his urine
20 being tested?

THE WITNESS: Exactly right. This is the larger case where his B sample is contained.

THE COMMISSIONER: I understand.

THE WITNESS: We make sure that the seal is
25 appropriate. We crash the seal, we move into a smaller

bag inside which once again is yellow. Again I make sure the athlete, the coach, and myself are content that it is sealed properly.

We break the second seal, and the specimen B bottle is before us. I inspect it. It's very, very darkish in color, almost like very condensed orange juice. And it cross referenced in terms of numbers and so on. It was etched appropriately. So, there was no breakdown in terms of identifying that being our lad's second bottle.

10

MR. ARMSTRONG:

Q. Now, I take it that, we have already heard the evidence that this -- in our evidence or at least have had a glimpse of it, that this process of testing with the various pieces of machinery is quite a complex thing. And I take it you didn't stay around to watch the process as it proceeded technically?

15

A. No, it's an eight-hour test.

Q. Your job as you saw it appropriately was simply to make sure that the protocol for the opening of the B sample was followed, and that you and your athlete was satisfied that what was being tested on the B sample was the urine of that athlete?

20

A. Exactly.

25

MR. ARMSTRONG: All right. That might be
an appropriate place --

THE COMMISSIONER: All right. Fine until
2:30. Thank you.

5

--- Luncheon recess.

10

15

20

25

---Upon resuming

THE COMMISSIONER: Mr. Armstrong?

MR. ARMSTRONG: Yes, thank you, Mr.

Commissioner.

5

EXAMINATION BY MR. ARMSTRONG (Cont'd)

Q. Dr. Stanish, before the break at lunch,
I think we had almost finished with the attendance at the
laboratory and the opening of the B sample. You had
mentioned a discussion that had taken place between
10 Charlie Francis -- sorry, not between Charlie Francis --
between you and Dr. Beckett concerning stanozolol?

A. Yes.

Q. And you, first of all, said that Dr.
15 Beckett had indicated that it was a fast acting drug and
that the metabolites would show up quickly in the urine.

Now, you also mentioned something about
clearance time and I may be paraphrasing or am
paraphrasing, forgive me if I don't have it exactly but I
wasn't making a note of it at the time since I was
20 standing here, but was Dr. Beckett making some kind of
definitive statement to you that no matter what the
dosage, no matter how frequently stanozolol was consumed,
that it had a clearance time of only three days?

25 A. No, it was -- we were talking generally

in terms of the agent and he was suggesting, to reiterate, that it's very rapidly metabolized and that, depending on the dosage, it can be cleared very rapidly.

5 So if somebody has not been on large doses of anabolic steroids or stanazolol in particular and takes a one-shot dose, then they would clear very rapidly within three to four days and that's pharmacokinetics.

 THE COMMISSIONER: Even the metabolite would disappear, though, right?

10 THE WITNESS: Yes, sir. Whether we're talking about ---

 THE COMMISSIONER: That's the example you put, taking a pill?

 THE WITNESS: Yes.

15 THE COMMISSIONER: One pill and swallow it?

 THE WITNESS: Yes.

 THE COMMISSIONER: And then it would quickly metabolize?

 THE WITNESS: Exactly.

20 THE COMMISSIONER: More than other drugs and on that scenario, there would be a fairly quick clearance time?

 THE WITNESS: Inasmuch as it's predicated upon dosage, et cetera, but that's the nature of
25 stanazolol, that it's cleared rather rapidly and the

literature supports that.

THE COMMISSIONER: Depending on the length of time and the amount of dosage and so forth.

THE WITNESS: Correct, sir, and the normal
5 physiology of your body, how big you are and so on.

MR. ARMSTRONG:

Q. Then there was just one other question that I wanted to ask you about your discussion that day at
10 the lab with Dr. Beckett and Dr. Donike, et al.

On the second page of Exhibit 173 -- have you got it? Why don't we just read this together? On my copy, down towards the bottom second page of Exhibit 173, "Innocence of athlete may be manipulated by doctor."

15 Can you just now, in terms of your own recollection, tell the Commissioner what your -- what you recall that statement related to?

A. It was similar to the theme that Dr. Beckett had created in his initial preamble when he was
20 talking about performance enhancing drugs generally and how commonly, in his mind, that athletes can be pawns and lay pray, if you will.

THE COMMISSIONER: Well, this is pure speculation, Mr. Armstrong.

25 MR. ARMSTRONG: All right.

THE COMMISSIONER: I don't see how ---

MR. ARMSTRONG:

5 Q. He wasn't referring to any particular athlete or any particular doctor or anything else?

A. No, sir, he was not.

Q. It was before you got into any discussion of the Ben Johnson situation?

A. Well before.

10 Q. All right. Then you left the laboratory on that day, September 26th, presumably after you were satisfied that the B sample had been appropriately identified, appropriately opened and Carol Anne Letheren has told us that you then determined that
15 other senior officials of the Canadian Olympic Association and IOC representatives should be contacted. Is that your recollection?

A. Yes, it is.

20 THE COMMISSIONER: And I think you told us that that B sample staging, as it were, that Mr. Johnson was there.

THE WITNESS: He was there.

25 THE COMMISSIONER: And everybody was satisfied that it was, in fact, his urine that was being tested?

THE WITNESS: Yes.

MR. ARMSTRONG:

5 Q. All right. Then Mrs. Letheren has told
us that you adjourned in the afternoon to the suite of Mr.
Dick Pound who was the IOC rep -- one of the two
representatives from Canada and indeed a vice-president of
the IOC and you then proceeded to explore the
circumstances of the events that had transpired after the
10 completion of the 100 metre final on the Saturday
previous, September 24th?

A. That's correct.

15 Q. All right. And we have heard that the
appropriate people were interviewed in the suite and then
a decision was made as to who would represent the Canadian
delegation at the meeting of the IOC Medical Commission
that night?

A. Correct.

20 Q. And I understand, of course, from the
evidence of Mrs. Letheren that you were one of the
representatives of the Canadian delegation working with
Mr. Pound in the presentation of the Canadian case to the
IOC Medical Commission?

A. Yes, sir, I was.

25 Q. All right. Then we have heard, as well

from the evidence of Mrs. Letheren, the position that was put forward on behalf of the Canadian delegation and we have heard that, at some point in time, there was a disclosure made by the members of the IOC Medical Commission and, in particular, Dr. Donike, as to the results of the B sample?

A. That's correct.

Q. Can we just pick it up from there, as it were? Dr. Donike, I take it, disclosed that the B sample had indeed confirmed the results of the A sample, that is that Mr. Johnson had tested positively for stanozolol?

A. Yes, that's accurate.

Q. All right. And then I understand it, at about that time or maybe perhaps a bit later, there was then some information provided concerning the endocrine profile of Mr. Johnson, am I right?

A. Yes.

Q. Can you just tell us about that, please?

A. Well, in fact, Mr. Pound most eloquently represented our team and suggested that, in fact, the IOC Commission explore other potential causes for this particular difficulty. One perhaps entertaining the possibility of sabotage, et cetera.

With that and after a monologue of perhaps 35 or 40 minute, Manfred Donike from Cologne suggested sabotage was quite impossible in the face of the fact that they had looked at the urine sample which had demonstrated chronic use of anabolic steroids.

5 Q. And Mr. Pound, we know, is a lawyer, not a physician. Did he consult with you at that point as to what that, in fact, meant?

10 A. He turned to me exactly as I was at his right-hand sleeved and, in fact, because we had no other information other than Dr. Donike's pronouncement of that very fact, we had nothing more to go on. So you have to fake that at face value. That, in fact, if somebody is demonstrating to the satisfaction of the IOC Medical
15 Commission, demonstrating that he has chronic suppression, if you will, of his own endocrine system capable with chronic anabolic steroid employment, then you have to take that at face value.

20 We had no recourse at that point and Mr. Pound consulted me and I suggested that to him.

Q. All right. Then we have heard from Mrs. Letheren that you then waited after the submission had been made by Mr. Pound for a period of a hour and a half or so for the decision of the IOC Medical Commission
25 and, of course, that's well known now that it was a

recommendation that Mr. Johnson be disqualified.

We've heard that you and Mrs. Letheren, after that decision had been received, proceeded with -- was it Officer Wilson?

5 A. Yes.

Q. To the Shilla Hotel?

A. No, to the Hilton.

Q. I'm sorry, to the Hilton Hotel. You proceeded from the Shilla Hotel to the Hilton Hotel?

10 A. Yes.

Q. And were you present when the -- when Mr. Johnson was advised of the results of the IOC Medical Commission meeting?

15 A. Correct, I was there. The messenger, at his own request, was Charlie Francis. He wished to go to the 20th floor, I believe to the suite of Ben Johnson, and let him know the results of the B sample. We felt that that was most appropriate. We were told that we would be called from the lobby of the hotel in about 35 or
20 40 minutes. It dragged on to about an hour and a half, at which time we took the elevator to the suite ourselves and informed the athlete, perhaps echoing the sentiment of Charlie Francis, or the information of Charlie Francis that, in fact, he had been disqualified.

25 Q. And was it indeed you as the medical

person present who explained, in fact, what you understood the medical results to be or the chemical results to be from the analysis?

5 A. No, Miss Letheren passed on the information.

Q. All right. Now, we've heard ---

THE COMMISSIONER: This is Mr. Johnson's room?

THE WITNESS: Yes, sir, it was.

10 MR. ARMSTRONG:

Q. We've heard from Mrs. Letheren that in addition to Ben Johnson being in his room, that his mother and sister were there that Dr. Astaphan and Mrs. Astaphan were there and that she may or may not have -- I'm sorry, my memory is less than perfect -- she may have mentioned Mr. Heidebrecht or Mrs. Heidebrecht but -- nothing turns on that. I wanted to ask you, do you remember Dr. Astaphan being there?

20 A. Yes, sir, I do.

Q. And do you remember whether Dr. Astaphan had anything to say about the fact that Ben Johnson had tested positively for stanozolol?

25 A. He, as all of us, was obviously manifesting duress. He told me as I came off the elevator

that he had not given the athlete anything that was a banned substance.

Q. All right. What -- did he say anything to Ben Johnson when you went in the room and you were talking to Ben Johnson?

A. Yes, he did.

Q. What did he say?

A. Ben Johnson was in the bed there, with a T-shirt covered up to his upper torso. Dr. Astaphan was against that wall and asked him, had he taken any pink pills..."Benny, have you taken any pink pills?"

Q. All right. And what was Ben Johnson's response to that?

A. The question was asked twice. There was no verbal response.

Q. What indeed was Ben Johnson's response to what it was that Carol Anne Letheren had told him, explaining that he had tested positively for stanozolol and so on?

A. He was responseless.

Q. All right.

THE COMMISSIONER: He made no response.

THE WITNESS: No response, sir.

THE COMMISSIONER: Responseless is a new word, I think.

MR. ARMSTRONG: I like it, though. I think I'll use it.

MR. ARMSTRONG:

5 Q. Then, Dr. Stanish, I wanted to move away for now from the Seoul Olympics and the Ben Johnson part of the Seoul Olympics and ask you a couple of questions generally.

10 First of all, I think it's fair to say and you don't purport to appear here as an expert in biochemistry related to the interpretation of test results or to the metabolization rate and clearance rate and so on of various drugs. That's just not your medical field?

A. I'm not an expert in that field.

15 Q. All right. Then, having just said I'm moving away from Seoul, there always is one more question.

20 During the course of your meeting with the IOC representatives at the time of the opening of the B sample, you said that Dr. Park had showed you, across the table, the test results on the printout, as it were, and you were free if you wanted to, to have a look at them.

Did you, at any time, ask to receive a copy of the -- an actual copy of the test results?

25 A. I requested a copy of the test results on two occasions within an hour at that particular time.

I was told by Dr. Beckett that I could not have them. That, in fact, a formal request must come from your NOC, from your president, if you will, of the Canadian Olympic Association.

5 I then faxed within 36 hours, I faxed the IOC Medical Commission requesting once again and I repeated the fax twice and did not receive a reply.

Q. I take it, although you're not a biochemist and an expert in these particular matters you
10 were in a position to have that advice available to you if you so chose?

A. Well, indeed. It seemed reasonable that, in fact, our athlete was being disqualified that I wanted to have the data for our own analysis.

15 Q. And I propose to put the request that was sent to the IOC --

THE COMMISSIONER: Well, we have those printouts now, don't we?

MR. ARMSTRONG: Yes, we do now.

20 THE COMMISSIONER: Yes.

MR. ARMSTRONG: But.....

THE COMMISSIONER: I have it, thank you.

MR. ARMSTRONG: All right.

25 MR. ARMSTRONG:

Q. And indeed, I take it that this document dated the 29th of September, is the request that you faxed formally to the IOC Medical Commission requesting the results?

5 A. Yes, after the two verbal requests, yes.

THE REGISTRAR: This is 175, Commissioner.

---EXHIBIT 175: Document dd. September 29, 1988

10 THE COMMISSIONER: Thank you. What date is that? The 29th of September, I see.

THE WITNESS: Yes, sir.

15 THE COMMISSIONER: You're still in Seoul, weren't you.

THE WITNESS: Very much so.

THE COMMISSIONER: Thank you. What's the number again, please?

THE REGISTRAR: 175.

20 THE COMMISSIONER: Thanks. Thank you.

MR. ARMSTRONG:

25 Q. Now, Dr. Stanish, I just wonder if we could take advantage of your own background and medical experience related to the treatment of athletes and the

involvement of steroids generally.

I take it, from having reviewed with you in the first part of your evidence your C.V. and the fact that you've been a sports medicine doctor as well as an orthopedic surgeon, that you have had occasion over the years in your sports medicine capacity to become involved with athletes at both the highest and lowest levels who have come in contact with steroids?

A. Yes, sir, I have.

Q. And perhaps it's not fair to ask you such a broad question and if it is too broad I'll narrow it, but from your perspective, have you had experience with athletes and patients who have suffered from serious side effects from having taken anabolic steroids?

A. Yes, sir, I have.

Q. Now, without, of course, disclosing any names or any sport or anything like that, can you tell us in your experience the kind of problems that you have seen athletes run into by virtue of their having been on an anabolic steroid program?

A. They have been -- serious side effects, thanks goodness, have been somewhat few but side effects are extremely plentiful when people are anabolic steroids.

I have seen situations in which young men develop what we call malignant hypertension whereby their

blood pressure goes so high that in fact it's very difficult for them to lift a weight, for instance, without fainting. That is a very worrisome circumstance from a medical standpoint and requires immediate hospitalization.

5 THE COMMISSIONER: The well the potential would be a stroke?

THE WITNESS: Yes, sir, correct. And that's a rather worrisome thing in a 18 or 19 year old competitor.

10 THE COMMISSIONER: I think you said something about the liver, the dangers of the liver, I think you said this morning.

THE WITNESS: Well, the studies are absolutely consistent in demonstrating liver dysfunction when people are on anabolic steroids. Thank goodness, 15 most of them, when they stop, the liver is able to recover.

But, there are circumstances in which people develop cancers of the liver and they're not rare. And, 20 in fact, even with slow insidious onset of anabolic steroids over a sustained period of time, gradually increasing the dose, you can monitor these people and they consistently develop liver dysfunction or abnormalities of liver function, much as if you're coaxing your liver to 25 take a poison.

Others are worrisome. We have a case of a young man with a cardiomyopathy in which the heart muscle has been damaged and irreversibly damaged in a young person who was a body builder and was on anabolic steroids.

Those of us, internationally, that deal with recreational as well as elite athlete are seeing these complications, not rarely.

MR. ARMSTRONG: I see.

THE COMMISSIONER: What about female athletes? Is there any special concern for the females.

THE WITNESS: Again, the same dysfunction, sir, as it relates to your major organs like your liver and so on. They do get very much the masculinizing effects and sometimes these are irreversible with enlargement of clitoris, of facial hair and so on which are really less than ideal and some of them are not reversible. When some ceases or some people cease using the agent.

MR. ARMSTRONG: Thank you, very much, Dr. Stanish, those are all the questions I have.

THE COMMISSIONER: Thank you, doctor. Are there any questions of Dr. Stanish. Mr. Bourque?

MR. BOURQUE: Is he returning as Miss Letheren is.

THE COMMISSIONER: We weren't planning on it.

MR. ARMSTRONG: I wasn't planning on it, no.

MR. BOURQUE: Well, in any event, any
5 questions I have for this gentleman could be put to any other COA witness.

THE COMMISSIONER: All right, thank you.
Mr. DePencier?

MR. DePENCIER: No, thank you, Mr.
10 Commissioner.

THE COMMISSIONER: I haven't missed you, Mr. Sookram. I'm just going around the room one at a time. You're up now.

MR. SOOKRAM: Thank you, sir.

15 EXAMINATION BY MR. SOOKRAM:

Q. Sir, you indicated to us that you were -- were surprised when you were told that Dr. Astaphan was in the Olympic village?

A. No, he was not in the Olympic village.
20 I was surprised to learn that, in fact, Ben Johnson had his own medical entourage outside of the village.

Q. That was abnormal?

A. Yes, quite abnormal inasmuch as
traditionally people may in fact have their own
25 chiropractor and that sort of thing.

Unusual in the sense that there was really quite an entourage including a physiotherapist and the doctor and so on. So, perhaps unusual in the size but not in the fact that somebody had a medical practitioner outside.

Q. Had you, sir, met Dr. Astaphan before this meeting in Japan -- in Korea?

A. No, I had not, sir.

Q. Had you heard of Dr. Astaphan?

A. Yes, I did.

Q. In connection with Mr. Johnson's -- Mr. Johnson's personal physician?

A. I think the only reason I became acquainted with Dr. Astaphan was because he was purported as being the medical person for Ben Johnson but that was well prior to Seoul that I heard of him, yes.

Q. You never met him before?

A. No, I had not.

Q. I looked at this note, sir, that was addressed to you, Exhibit 174, and I noticed that it was signed Jamie. This seems to indicate that -- well, this could indicate that Dr. Astaphan didn't think he was a stranger to you?

A. Well, that may be so.

Q. Was he a stranger to you?

A. Totally a stranger to me. To reiterate, I was acquainted with his reputation. I had never personally met the man.

Q. I see. Had you, before Korea, sir, met
5 Mr. Johnson?

A. I had not.

Q. And the first time you saw him was at this Inquiry -- the testing site?

A. The first time that I had seen him
10 close by, other than running on the practice track, was at the time that he walked into the room on the morning of the 26th.

Q. But you had seen him running on the practice track?

A. I had seen him from a distance, yes,
15 well, well removed from where I was.

Q. With your experience, sir, which you laid out for us as a person who had seen at very close quarters, the effects of steroids on some of your
20 patients, did you form any opinion at that time when you were looking at Mr. Johnson as to whether or not he could have been on steroids?

A. Well, that's very subjective. It's difficult for me to make a single observation and do
25 somebody justice when certainly when he came into the

testing area that morning he was fully clothed, with a Canadian track suit on. I think my observations are similar to any layperson; he is a very heavily, muscled gentleman.

5 Q. Sir, when -- let's see if I've got your exact words here. Oh, yes. When, in Mr. Johnson's apartment after the testing and the news had been conveyed to him, when Dr. Astaphan asked on two occasions of Mr. Johnson whether or not he had taken any of the pink pills,
10 I have my note here which says he made no verbal response?

A. Correct.

Q. Does that mean that he made a sign?

A. I could not -- there was not any gesture that I could honestly say was a nod or a negative
15 reflection or grimace, if you will. So I cannot respond to you directly or correctly, if you will.

Q. So, it was really not -- no verbal response -- no response whatsoever?

A. No response that I could accurately
20 tell you that I could interpret as being a nod or a shrug or whatever.

Q. Yesterday, sir, Miss Letheren -- Mrs. Letheren told us that after that question was asked by Dr. Astaphan, you and Dr. Astaphan went outside in the
25 corridor to discuss something. Was it the pink pills?

A. No, because it was to discuss exactly -- could I go over just exactly what happen? Because, as I got off the elevator to arrive initially....

THE COMMISSIONER: This is before you went
5 in the room?

THE WITNESS: Exactly right -- that Charlie Francis and Dr. Astaphan were standing in the foyer by the elevator and obviously distressed, to reiterate as we were all were, and Dr. Astaphan turned to me and 'I have not
10 had this athlete on any agent', something of that regard. There was an acknowledgement that he had not administered anything to this athlete.

After the medal was turned back, we then sort of shuffled out the small alleyway in the room, to
15 the foyer where we first arrived. And Dr. Astaphan was just shaking his head and again, 'I didn't give this person anything, I didn't give this athlete anything.'.

It was him reflecting, incessantly, that he did not do anything for or to this patient.

20 Q. Are you saying, sir, that after this question of the pink pills were raised, you made no further inquiry -- inquiries of Dr. Astaphan?

A. Well, to be quite honest with you, I was not aware that the pink pills really represented
25 stanozolol.

By the question that was asked from Dr. Astaphan at four o'clock in the morning, I perceived that this was a banned agent and probably was the stanazolol but I certainly did not pin him against the wall and
5 question him about the pink pills.

Q. I didn't mean in the sense of pinning him again the wall, but you're the doctor in charge of the team or at least you had oversight of some of the -- of
all the medical personnel.

10 Did you not think that you were entitled to an explanation? What sort of pink pills are you talking about?

A. Well, there's little question that Dr. Astaphan was not part of my medical team.

15 Q. Yes?

A. And his rapport and his pharmacy, potentially pharmacy with his athlete, was completely out of my jurisdiction, control, et cetera. I had an athlete that had confessed or professed that, in fact, he had not
20 taken anything. I now had a colleague of mine who was beyond my jurisdiction telling me that he had not given this person anything and I took that as it was presented to me.

Q. Yes, but then pink pills were raised in
25 your presence?

A. I was not ---

Q. Is it not natural just to make an inquiry?

A. I'm a pretty natural fellow but I didn't feel at that time that I had it from the doctor that, in fact, he had not ministered anything to the athlete.

So, to do any police work at that point, to decipher, was he telling me the truth, et cetera....

THE COMMISSIONER: Well, the question is whether you asked him, 'What are these pink pills that you were asking Mr. Johnson about?'

THE WITNESS: No, I didn't ask him that, sir.

THE COMMISSIONER: I think that's the question Mr. Sookram was asking.

MR. SOOKRAM:

Q. Yes, certainly, sir?

A. No.

Q. You had no curiosity, whatsoever, at that time?

A. Well, the doctor had told me coming up the elevator and as I exited the room that, in fact, he had not administered anything to this athlete.

So, I was not struck any -- by any further -- I did not possess any other curiosity beyond that, sir.

Q. In your practice, sir, and I hope the Commissioner doesn't stop me on this because it may seem far-fetched at the beginning but it isn't.

THE COMMISSIONER: Well, we'll see.

MR. SOOKRAM:

Q. Yes, sir. In your practice, sir, I dare say from time-to-time you've had to give a patient something to relax the muscles. Would that be right? Have you done that?

A. That's -- very infrequently, do I use muscle relaxants.

Q. But if you do, you've got a choice, haven't you? A choice of several muscle relaxants, is that right.

A. There are many agents that are put out there.

Q. All right. Let me give you a specific. I had a little motor vehicle accident. I come here and I tell you my shoulder blade is very tight.

THE COMMISSIONER: It's whiplash.

MR. SOOKRAM: Whiplash, thank you, sir.

MR. SOOKRAM:

Q. You have a choice. Would you prescribe Robaxisol?

A. No, I would not.

Q. Would you prescribe Dolobid?

A. No, it's very unlikely that I would.

Q. Very unlikely. What would you prescribe?

A. I would use something such as Indocid or Voltaren.

Q. Right, Voltaren or Indocid. Would you tell the patient, "This is Voltaren; this is for your muscle"?

A. I would -- Voltaren is not a muscle relaxant. Voltaren is an anti-inflammatory.

Q. All right. You have a choice of two anti-inflammatories. I follow you.

THE COMMISSIONER: I tried it, Mr. Sookram.
It didn't help my tendonitis.

MR. SOOKRAM: It didn't?

5 MR. SOOKRAM:

Q. But do you specifically say to the
patient, "This is Voltaren, and this is what it's going to
do for you"?

10 A. Well, we certainly go to every end to
explain everything we do to our patients, yes.

Q. Yes. And if that particular muscle
relaxant doesn't work and you change it, do you tell the
patient that this is better than the other one?

15 A. I would -- I don't know if better is the
proper term, but the same principle, sir, stands true that
whatever you --

THE COMMISSIONER: Well, Mr. Sookram, excuse
me. You started out by the premise, this may appear to be
farfetched --

20 MR. SOOKRAM: Yes, it may.

THE COMMISSIONER: It still looks like it so
far. So can you --

MR. SOOKRAM: I appreciate this, sir.

25 THE COMMISSIONER: Would you make it
relevant to matters we're dealing with here.

MR. SOOKRAM: I have not had the privilege, sir, of being here at the time when the early medical testimony was given. I was in hospital. I wasn't on any steroids. So I was just taking this opportunity to see
5 whether or not it's current or normal medical practice --

THE COMMISSIONER: What does Voltaren have to do with anabolic steroids?

MR. SOOKRAM: Well, in this sense, sir, that it is --

10 THE COMMISSIONER: Is Voltaren a little pink pill?

MR. SOOKRAM: No. It is my contention, sir, that, later on it would be, that --

15 THE COMMISSIONER: Well, let's leave your contention later. Just ask the question, okay?

MR. SOOKRAM: Well, this question would have helped in this way, sir, that --

20 THE COMMISSIONER: Well, go ahead. Your premise is right, I think, so far, but let's get close now.

MR. SOOKRAM: Thank you, sir.

MR. SOOKRAM:

25 Q. Doctor, in your own experience, as long as you tell a patient that this is for the same purpose,

are you very concerned as to whether or not they wrote down the name or memorized the name or know the name?

A. It's a very convoluted question, sir. I think that if in fact Voltaren has different side effects than Indocid, even though they are used for the same
5 thing, then it's incumbent upon me to explain what those side effects are, even though the medications are used for the same thing.

Q. But does it concern you as to whether or not the patient knows the exact and precise name?
10

A. Generally, that's not absolutely necessary, as long as I've done the groundwork before that.

MR. SOOKRAM: Thank you very much, sir.

15 THE COMMISSIONER: Finished?

MR. SOOKRAM: Yes. I did bow, sir. This is what we do in England. We don't say anything.

THE COMMISSIONER: I see.

MR. SOOKRAM: This signifies, "I'm over."

20 THE COMMISSIONER: Well, I'm learning. All right.

Any other questions? Mr. McMurtry?

MR. MCMURTRY: No, I have no questions.

THE COMMISSIONER: Mr. McCreath?

25 MR. MCCREATH: No, I have nothing.

THE COMMISSIONER: Thank you very much for your assistance, Dr. Stanish.

Mr. Armstrong, where are we?

MR. ARMSTRONG: What I had assumed was that we would consume most of today, as we have, with the two witnesses that are here or have been here, and I had hoped tomorrow to have Mr. Pound. Because, I think, of a breakdown in communication between us, which I will take full responsibility for, it turned out that he simply has had two longstanding appointments that, in spite of my pleading, he couldn't break.

We have a number of other witnesses, all of whom reside not only outside of Toronto but far-flung across this country, and, indeed, other places in North America, and it just simply is, I regret to say, not possible to have a witness for you tomorrow.

THE COMMISSIONER: Well, these things happen. I think you've done a really remarkable job in assembling all the evidence and locating the witnesses and interviewing and preparing. We've done 46 witnesses in 45 days. That's not too bad.

MR. ARMSTRONG: Thank you.

THE COMMISSIONER: And I can use the time. So we'll adjourn until Monday morning at 10 o'clock; is that what you're suggesting?

MR. ARMSTRONG: Yes.

THE COMMISSIONER: All right, thank you.

Monday morning at 10 o'clock.

5 ---Proceedings adjourned until Monday, May 8, 1989, at 10
o'clock a.m.

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